ABSTRACT OF

The Address in Medicine,

Delivered at the meeting of the British Medical Association at Dublin.

BY W. T. GAIRDNER, M.D., LL.D. ED.,

PHYSICIAN-IN-ORDINARY TO HER MAJESTY THE QUEEN IN SCOTLAND, PROFESSOR OF MEDICINE IN THE UNIVERSITY OF GLASGOW.

DR. GAIRDNER commenced his address by observing that anyone who had acted as a teacher of medicine had been in the habit from year to year of surveying officially the healing art as a whole. He had watched the rise and fall of doctrines, of methods, of tendencies and currents of opinion. He had come, or ought to have come, to see that there has been an evolution of the art going on in his time; an evolution not at all the work of any one man or of any one school, but rather of what Matthew Arnold and the Germans call the *Zeitgeist*—the spirit of the age. It seemed to him the possible theme of an interesting address to seize upon those aspects of the subject which most revealed that inner spirit, and to expand them so as to give a vivid conception of whither we are tending, or how, and by how much, we differ from our fathers. The field was, Dr. Gairdner said, vast, and we recoil instinctively from the conclusion that it was a mere aggregate of laborious investigations, guided by no common purpose, no fixed or polar star. It must, however, be confessed that the various doctrinal systems of the past, and not a few of the gross charlatanisms of the present, have had a seductiveness for the public and even for some minds in the profession itself, founded mainly on the notion that here at least—viz., in the particular formula, or perhaps exclusive remedial method advocated—is to be found a ruling principle, a law or compendious statement of doctrine intended to illuminate every corner of the art of medicine; hence that physicians are bound to bring all their accumulated stores of knowledge into court, and make them all do homage to this one doctrine, one law, thus set forth as the only true law of the healing art. To such a universal proposition, when made, there can be only one answer. No such exclusive or single principle or law of the healing art can be said to exist; the action of remedies, the resources of hygiene and of preventive medicine, refuse to submit to any formula comparable in its simplicity with that of the law of gravitation. After referring to an address delivered in 1875 by the late Dr. Warburton Begbie, in which an answer was given to the question by the late Sir William Hamilton, "Has the *practice* of medicine (that is, the art as distinguished from the science) made a single step since Hippocrates?" and to the work of Cullen and his controversy with John Brown, Dr. Gairdner, referring to the instability of the medical art in Cullen's time, said that it seemed as if the medical mind, oscillating between the claims of humoralism, solidism, and vitalism, could find no resting-place, but was constantly exposed to be drawn out of the path of traditional medicine by any new theory which presented a certain amount of apparent simplicity and plausibility—all the more if it contemptuously dismissed, as unworthy of serious study, the laborious and positive acquisitions of clinical and pathological fact which had even then been largely gathered in, especially by Morgagni, as to the natural history of disease; and this was exactly what the Brunonian system did. Since Cullen's time, however, the progress of modern medicine has been in the direction of *stability*—a kind and degree of stability not possessed by the art of medicine in any previous state of its progress—not even in those "dark ages," as we call them, when it had the prestige of a kind of immutability, or, as a theologian would call it, orthodoxy, founded on the overwhelming authority of Galen.

To take a single illustration from surgery, which was out of the direct line of his inquiry, but which could not fail to be a striking one: it was not open to him even now to claim for antisepticism, in the strict sense of the word, the credit of an advance all along the line, because we have eminent surgeons among us who claim to obtain, and he believed do obtain, brilliant results without using the particular remedies called antiseptics; and therefore the theory of antisepticism, and the separation of what is permanently from what is only incidentally true in this great issue, was a research of no small complexity, and perhaps of extreme difficulty for a professor of medicine, who nevertheless believes, as he does, that the impulse communicated to surgery through antisepticism is one of the greatest in the history of the art. And yet it was surgery which, as respects the more tangible and obvious character of its processes and results, has been humorously defined as, *Quod in medicinâ non dubium.*

As regards that great revolution in the medical treatment of fevers and inflammations, which in some minds occupies in relation to medicine as advanced a position as antisepticism does in relation to surgery, Dr. Gairdner said that it had not as yet been made quite clear to his mind by evidence, statistical or other, that the treatment of any fever or inflammation by such means as were recorded some years ago by Liebermeister and Jürgensen, the one as regards typhoid fever, the other as regards pneumonia, had resulted in a permanently lessened mortality when set against results obtained or obtainable in this country, without these very active procedures. Having stated his opinion to this effect some time ago, however, he felt bound to add now that he was by no means insensible to the wonderful patience, research, and apparently scientific exactness shown by these authors in their latest researches on the subject. Certain modifications of the practice had also tended towards the removal of distrust, and should another great epidemic, say of typhus fever, occur in Scotland, he should very gladly witness or concur in a therapeutic experiment such as would practically settle the question. In the meantime, however, he must regard the antipyretic treatment in all its various forms as still under controversy.

No one having any familiarity with modern medical practice could overlook the large place occupied in it by certain powerful, and it would be hardly too much to say indispensable, remedies acting on the nervous system, many of which are entirely modern. The most prominent and perhaps also the most unquestionable of these was chloroform; and if forty years could ever be regarded as sufficient for testing an advance in medicine, or surgery, it might be safely affirmed that the reputation of our day and generation might be regarded as saved by this one great achievement. Yet there were not wanting evils to be discounted, and failures to be set against the benefits of this enormous boon to the suffering human race; and it would not surprise him to find that there exist, even now, well-informed persons who believe that the lethe which comes from modern chemicals, like that which of old was born of poppy and mandragora, has been a questionable advantage to humanity at large. What then should be said of hydrate of chloral, butyl-chloral, paraldehyde, urethan? and what of the condensed forms, or alkaloids of the older narcotics, so immensely convenient, but also so powerful for mischief? He for his part had no doubt that the balance inclines, at least in instructed medical hands, greatly in favour of the service these remedies are doing, and may yet do, to great numbers of the sick, and especially the fatally afflicted members of our race. Again, the modern use of digitalis, strophanthus, and other cardiac tonics; and again, the use of nitrite of amyl and of nitroglycerine in angina pectoris and the allied conditions: Who was there that doubted that in these, when well employed in judicious and well-instructed hands, we have obtained a very distinct and very valuable addition to our resources in cardiac diseases? And yet was there anyone who would expect him to prove this in an unassailable manner, to the satisfaction of a sceptical friend or foe, within the limits of his present address?

Again, the benefit derived from the salicyl compounds in acute rheumatism was to his mind very satisfactorily established, and he should be personally disposed to claim this as a very distinct advance in the healing art within a comparatively recent period, and a partial removal, moreover, of one of the old *opprobria medicinæ* which he had lived long enough to have been obliged, over and over again, to recognise as such. But would anyone say that his simple assertion of this could reasonably outweigh all the sceptical or contradictory statements on this point which it might be expected to call forth? Evidently, in regard to remedial agents and processes not more than twenty years old, it was vain to expect such a concurrence of opinion as to entitle anyone to set them forth dogmatically, as the permanent

and unquestionable milestones in our progress, which future ages too might be expected to acknowledge as such. In considering stability, therefore, we have not only to lay our account with possible new discoveries, but also with the perhaps unknown or unappreciated dangers attaching to practices now vaunting themselves in the full sunshine of apparent prosperity and success. While, therefore, he had and professed the most entire faith that the efforts of hundreds of young and enthusiastic workers are being fruitfully directed towards a science of pharmacology, on the joint bases of experimental research and scientifically directed observation, we are still, he feared, too much in the transitional stage to allow of many of these researches being adduced in evidence of the increasing stability of the medical art. Rather might it appear to some as if the multitude of new remedies which come to us from all the ends of the earth, the too brief reputation of some of these, and the evidently over-sanguine estimates of others, were the proofs of an unrest which was quite the reverse of stable; which could not be satisfied with the old remedies, old prescriptions, old methods of cure; but holding itself bound to drive on the *currus triumphalis* of modern therapeutics at all costs, was likely to land us once more in a new series of controversies such as attended the famous work of Basil Valentine on the healing virtues of antimony, perhaps three hundred years ago.

But he held, and had never ceased to hold, as a teacher of medicine, that all this fermentation, so to speak, of opinion with respect to current remedies and modes of treatment, all these tokens of unrest and dissatisfaction, were, in reality, an advantage to the medical art, and tended both towards progress and towards stability; an altogether different kind and measure of stability, however, from that implied in the authority of Galen, or the traditions of the Greeks and Arabians.

Dr. Gairdner hoped to be able to show that there were some points of our progress in which the dissolution or weakening in their hold of what he called orthodoxies had been accompanied by a truly constructive process, and that the new theory and corresponding practices which had displaced the old differed from it in this, that, being the result of applied science and not of mere tradition, they were correspondingly secured against revolutionary overthrow.

1. *Hygienic remedies.*—The fruitful and, he thought, the unquestioned progress of preventive medicine (otherwise called sanitary science) during the last thirty or forty years was not only a very striking advance in itself, but it might also be maintained, he thought, without contradiction that curative medicine had largely and quite steadily advanced along the same lines. The prevention and the cure of disease were not, indeed, identical, but the laws which guide the former were in a large measure, and necessarily, applicable to the latter. The same noxious influences which beget typhoid fever, for example, tended in a remarkable degree to exaggerate, if not to cause, a host of minor diseases, and very notably to increase the risks of the healing of wounds and of the puerperal process. The same overcrowding which was in a great degree the cause of typhus fever was a source in hospital wards of pyæmia and erysipelas, in barracks and gaols of consumption (and this often among picked men), in certain endemic localities of contagious pneumonia, and probably of diphtheria. It was impossible, in the face of modern sanitation, to escape the conclusion that the causes and the remedies of disease alike were often to be sought more in the study of groups and even of multitudes of cases than in the ordinary text-books, or in the conventional remedies set down for the particular *nomen morbi*. In short, the treatment of diseases of every kind had been largely, even if silently, influenced by the thought that the chief disease-breeding factors must also be, in individual cases, adverse influences to be carefully studied and kept in check by those who would cure disease, and that, in chronic cases especially, a large part of the cure consisted in the removal or modification of the injurious action of the cause. The changed point of view implied in the more fruitful and practical study of causes had in many cases made it impossible to cling to the old and traditional aspect of certain diseases as entities, arising we do not know (and do not strive to know) how, and only to be met by a *farrago remediorum* addressed to individual symptoms, or, at least, directed to the consideration that a morbid influence, or something unknown, had got to be battered down in the recesses of the economy by sheer expenditure of therapeutic violence, at whatever cost to the physiological functions of the sufferer.

2. *Self-healing processes in acute diseases; abuses of venesection.*—Closely allied with this change, which he took to be a permanent one, making in the direction of stability for the medical art, was another which had come to a head, or at least had begun to bear fruit largely, only within his own recollection, and which he could distinctly recall as most powerfully influencing his own mind and practice from the very earliest period of anything like independent thinking about it. He did not wish, even for a moment, to lose sight of the fact that the irrational orthodoxies (as he ventured to call them) of the past have been unsettled, very largely owing to the prevalence and the countervailing influence of certain heresies, of which no rational mind could approve. But it was one of the privilegs of our art in its more advanced and, as he thought, more stable condition in this day of ours, that where there was no orthodoxy there could be no heresy (in the old ecclesiastical sense of the term), or, rather, that our freedom of opinion was such that we could afford to absorb into our daily practice, and even into our theories of disease, the instruction that came even from the most erratic and monstrous of heresies, no man making us afraid. Forty years ago, for example, it was still a point fairly open to question whether pneumonia and other acute inflammations could possibly be cured without blood-letting. All knew what had become of this burning controversy, and how completely the old traditional theory, as it came down from Cullen and Gregory, had been overthrown; but it was surely a cardinal instance of the essential instability of that theory that, after being for a time supplanted in Cullen's own day by the ridiculous extravagances of a vainglorious charlatan like John Brown, it should have been reinstated in greater power than ever as regards this particular point in therapeutics, only to be subverted once more, and more completely, by a far better man, the late Sir John Forbes. He it was first who, becoming distrustful of the old tradition, and anxious to learn in a genuine spirit of scientific humility about "nature and art in the cure of disease," did not refuse to accept truth, even at the hands of homœopathists and others, not much, if at all, superior to the Brunonianists of Cullen's day in their claims upon genuine medical science.

3. *Epidemic fevers: alcoholic stimulation.*—Dr. Gairdner then briefly reviewed the treatment of fevers during the past fifty years, and the use in them of alcohol, and said that it might now be regarded as a position established by evidence that in typhus fever, and therefore, *a fortiori*, in other fevers and in all diseases attended by febrile debility, alcoholic stimulants were not the only nor yet the best form of alimentation; that their proper use was as medicines, and this within limits; and that, as a rule, and also within such limits as are suggested by reason and easily attainable in practice, milk (which during the alcoholic fanaticism had been nearly lost sight of) was in reality the food which was for the most part more easily digested and more conducive to success than almost any other. He had thus, he said, endeavoured to show by a few instances only, in what manner, and on what lines, the art of medicine has been advancing towards stability, and concluded by assuring his hearers that what had been done in all these years since Cullen's time had not been in vain. A vast army of earnest unprejudiced and disciplined workers had been engaged upon all the unsolved problems connected with disease. Diagnosis and pathology had made immense strides in advance during nearly the whole of the present century. Operative surgery had achieved the most brilliant and unquestionable triumphs of any period in the long course of medical history, and this in almost every department. Hygiene and sanitation, with their reflected influence on curative medicine, had advanced by leaps and bounds; and, even in the application of strictly therapeutic methods, the changes, though not so easily stated or so palpably appealing to the judgment of public opinion (inasmuch as quackery always was and always would be more self-asserting than truth), were all in the right direction. Polypharmacy in its old and irrational forms was now nearly gone. Hardly anyone of intelligence supposes nowadays that a disease is to be slain by a mere prescription or Latin formula. A science of pharmacology, or of the uses and actions of medicines, was being built up upon a foundation that was never even possible before the present day, and which, beyond all question, would render this, the least satisfactory department of the science of healing, far more secure in the future. The mere simplification in the forms of remedial agents, and the mitigation accordingly of the old, inexpressibly repulsive, and nauseous manner of pre-

scribing them wholesale (which incurred the ridicule of Molière two centuries ago, and yet lived on into almost our own day), represented an advance by no means devoid of importance as regards the comfort of the individual patient and the peace of families, and especially of nurseries. Nor was the immense relief to human suffering by the use of anæsthetics rightfully employed, and even of narcotics and anodynes in greatly improved forms of administration, to be lost sight of, even in the most brief allusion to the modern use of drugs.

All that removal, moreover, of the old traditional dogmatisms to which he had referred had been merely a clearing of the ground, so to speak, on which a modern science of healing, not by any means forgetful of its past history, but entirely unshackled by its old errors and prejudices, was being slowly but surely built up. And the fervid youth of the present generation, if they remained true to the spirit and not to the mere letter of the Hippocratic medicine, might well be grateful to their fathers and their grandfathers, were it for nothing else than this important and necessary process, whereby a soil had been prepared, at much cost of individual labour and sacrifice, on which they were permitted and privileged to sow the seed, and to reap more or less fruitful crops of good for humanity at large.

ABSTRACT OF

The Address in Surgery,

Delivered at the meeting of the British Medical Association at Dublin,

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DR. HAMILTON commenced his address by remarking on the fact that twenty years had passed away since the place which he that day occupied was filled by one of the brightest ornaments of British surgery, Robert William Smith, and thanked the Council of the Association for permitting him to follow, even after such a lapse of time, so distinguished a pioneer. In such an address as he was expected to deliver, the mind, Dr. Hamilton observed, instinctively turned to a retrospect of improvements in surgery or a critical inquiry into the nature of the work which is actually being done amongst us, and so suggestive a theme possessed many attractions, although much of all this had been anticipated in the annual digests to be found in our periodical literature. Engaged in the constant work of a general hospital and the daily routine of metropolitan practice, he could not lay claim to any special opportunities, nor was there any subject on which he had attained that degree of proficiency which would justify him in undertaking the instruction of the able thinkers he was addressing.

He who wrote the history of the surgery of this Victorian era would find one or two cardinal facts of such vast and stupendous proportions as to dwarf all others in the influence which they had exercised on our surgical work. *Facile princeps* among these was the method known as the antiseptic system, still enveloped in clouds of uncertainty and misconception, notwithstanding the work which so many eager and enthusiastic inquirers have bestowed upon it, far indeed removed from any approach to finality. It might not be unprofitable to determine what is the present actual condition of this system, and, setting aside bogus theories and unsubstantial hypotheses, to ascertain its exact relation to our every-day work. For, after all, it must come to this important question—What help does antisepticism afford to the daily practice of surgery? No honest or impartial observer could fail to recognise with a deep sense of gratitude the magnificent results and the brilliant success which had attended the Listerian system—results which had led to its adoption throughout the civilised world—results which had reorganised surgical methods, and given a startling impulse to the operative treatment of injury and disease. The system might be wrong in practice, and founded on an erroneous theory, but that wonderful results had followed since its introduction was an historical fact beyond contradiction. And yet, with this triumphant record, we find some of its most devoted adherents now relaxing the stringency of its application and abandoning parts of the system which were long regarded as essential, and that, too, without any diminution of successful results. Again, we find antiseptic precautions so little regarded—nay, almost set at nought—as to prompt the ovariotomist to flush the peritoneum with water containing "*germs and spores and thirty different kinds of beasts*," and yet point to a continuous record of success little if at all inferior to the more complex method. In this burning controversy, to what conclusion could the simple inquirer after truth arrive at—he who is anxious to decide what is best for those who entrust to his judgment and skill the safety of their limbs and their lives?

It might be conceded as proved by the actual observation conducted and recorded by competent authority, that the atmosphere which surrounds our globe is infested with myriads of minute organisms—call them by whatever name one pleases; that they belong, some to the vegetable, some to the animal kingdom; that they possess vitality, either potential or actual, from which it follows that they are subject to constant and restless change—the heirloom of organisation. These changes are largely influenced, if not altogether caused, by the surroundings among which they are situated, and they in their turn reciprocate and produce disturbance in the material which environs them. It has also been established beyond controversy that some of these microbes are incapable of development or growth in the tissues or fluids of the living body, and can only undergo their life changes when surrounded by material which is dead, and therefore amenable to the physico-chemical laws. Others, again, are capable of maintaining their independent vitality in living tissues, where from a minute beginning they increase and multiply, disarranging and vitiating the entire organism into which they have found their way, waging a deadly war against the tissue cells, who, nobly acting on the defensive, throw out breastworks to resist to the utmost the encroachments of these merciless invaders. In the first variety the effect produced is in direct proportion to the actual amount of the ferment introduced. In the second, the amount of disturbance is out of all proportion to the minute quantity of the noxa which produces it. That these latter bodies are an efficient and potent cause of suppuration and infective inflammation would appear to be proved by actual demonstration. He would not weary his hearers with details, but simply state the experiments which had brought conviction to his own mind. We have experiments which prove beyond doubt that injury may be inflicted on the deep tissues of the living body, either by mechanical, physical, or chemical noxæ; and if due cleanliness of the instruments is observed and atmospheric air absolutely excluded, no effect whatever is produced beyond the injured spot. Hueter of Greifswald injected a 5 per cent. solution of chloride of zinc, killing the tissue with which it came in immediate contact, the necrosed mass producing no ill effect upon the surrounding structures. Like results followed the action of the hot iron.

Chauveau adopted for his experiments the continental mode of castration, by torsion of the spermatic vessels (*bistournage*) by which the organ becomes completely detached from its living connexion, without inflammation, suppuration, or sepsis, in thousands of cases; but if the minutest portion of fluid containing these atmospheric atoms were injected under the skin, so that they entered the blood current, severe inflammation was at once developed, a seething focus of disease where all was peace, and subsequent examination showed the organ and its surroundings infiltrated with infecting germs. These experiments and observations proved conclusively by positive and negative evidence that these aerial entities were capable of producing suppuration and infective inflammation. It had not, to his mind, been established that they were the sole and only origin of such phenomena. But the facts determined by Ogston, Köcher, and others, that they may enter the interstitial tissues through the respiratory or digestive tract, were gradually narrowing the ground uncovered by their influence, and explain away the apparent spontaneity of such diseases as ulcerative endocarditis and infective periostitis, when these atoms are found crowding the deepest organs without any wound or breach of surface to account for their entrance. If the history which he had endeavoured to sketch be true, it must commend itself to the ordinary

understanding that it is our duty to destroy and exclude them from the body with all the care we possibly can; and if the means adopted for that purpose—call them Listerism, antisepticism, surgical cleanliness, or by whatever name we will—turn the scale a feather weight in favour of restoration to health or saving the life of a single human being, the man who refuses to employ them through prejudices or apathy incurs a responsibility nothing short of criminal. The difficulty which is now exercising the minds of practical pathologists and chemists is to find the most suitable germicide—one which will act efficiently without being poisonous to the tissues or the system at large; and it was interesting to watch how one after another they have been lauded and proclaimed, only to be superseded by another and another; and here at all events we are very far removed from finality. Carbolic acid, corrosive sublimate, iodoform, thymol, have each for a time enjoyed the crown for a few months, only in their turn to be deposed and dismissed as impostors with ignominy.

There is, however, another side of antisepticism which has been almost entirely neglected. It would appear as if, up to the present, attention had been exclusively fixed on infective germs, sufficient regard not being had to the important influence of environment. Every effort has been strained to discover the most infective and deadly germicide, when we know that these atoms, no matter how virulent they may be, cannot undergo their life changes, cannot produce these infective results, unless the environment, like the cultivation liquids of the histo-pathologist, was capable of developing and sustaining these changes. Deposited on clean metal, glass, or porcelain, they died of inanition; they exercised no influence whatever, and were amenable to none. In contact with dead organic matter, or living matter in certain conditions of altered or reduced vitality, they become a teeming source of infection, decomposition, and decay. If pathological surfaces could possibly be brought to and maintained in such a condition that they would not afford a suitable cultivation ground, would not almost as much be accomplished as when they are destroyed? He need hardly, Dr. Hamilton interpolated, quote examples of this influence of environment, such as the protection afforded by vaccination against the germ of small-pox, and the protection of the blood by previous action of exanthemata. The bacilli of splenic fever, so destructive to the herbivorous animals, take little effect on carnivora, and none at all on the pachydermata. The bacteria which will cause septicæmia in the mouse are wholly inert against the field mouse. We could learn much that would enlarge our views if we studied human by comparative pathology, and our researches must not be confined within the narrow limits of even the animal kingdom. Much can be learned by the pathology of the vegetable kingdom. Some of the most troublesome diseases which the surgeon has to deal with are derived from the invasion of vegetable parasites.

In connexion with the influence of environment, Dr. Hamilton related a remarkable fact which had been communicated to him by a friend who devoted much time and patient industry to the cultivation of fruit, and which he thought explained many facts in human pathology. In exhibiting fruit for prize competition, they have to be brought to a certain degree of ripeness to a day, almost to an hour, and the ripening can be hastened with almost mathematical precision by interposing between the prize specimens fruit of the same species which were already ripe, as if the emanation from the ripe fruit produced a ripening impression upon the apples in its immediate vicinity. He thought we saw this principle of environment frequently illustrated in human pathology when disease extends to adjacent but not continuous surfaces. This twofold aspect of infective inflammation was forced on his attention when trying to think out the best mode of dealing with chronic abscess—a subject which has for a long time taxed the ingenuity of the surgeon, and often defeated his most ingenious plans, no matter how carefully they may have been carried out. This might be gathered from the long list of methods paraded in our systematic works on surgery. There was nothing which indicated the uncertainty of our knowledge so much as the multiplication of modes of treatment; witness the hundred-and-one ways in which it is proposed to deal with so simple an accident as a broken collar-bone or a fractured femur. The structure of the immediate wall of a chronic abscess has been the subject of much diversity of opinion, and there is considerable doubt as to the existence of any such structures as the so-called pyogenic membrane or cyst wall. The idea of Billroth, that an abscess is but a hollow ulcer, conveys probably an accurate description of its structure. Its action as an absorbent surface is frequently brought under our notice, but its power of pyogenesis is not in accord with modern pathology. There was a fact of very great interest in this connexion. The discharge from a recently opened chronic abscess does not contain the microzymes which are so characteristic of purulent matter in acute suppuration. Ogston and others have failed to detect them by the most carefully conducted observations, or to produce septic results by them; and hence it is that the collections produce little or no constitutional disturbance until they are opened. They may remain for years without any effect other than mere local inconvenience until the matter is discharged—either by the efforts of nature, or by the knife of the surgeon,—and the repeated observation of this fact has induced the surgeon to postpone any interference, waiting often too long for the slow process of natural opening. The clinical records of these cases would lead us to believe that in some remarkable way the system would appear to be somehow prepared for this event; and he was satisfied in his own mind that far less constitutional disturbance follows the natural opening than that effected by the surgeon. There could be no doubt the use of antiseptics has done much to reduce this difference, but he could not say, as the result of his own experience, that they had completely removed it.

Dr. Hamilton then briefly reviewed his plan of treatment of chronic abscesses, and, condemning the Vivisection Act, concluded by appealing to his hearers to make the best use of the means at their disposal and to carry forward the standard of investigation into new and unexplored fields. There was, he said, ample room and verge enough for work—many untrodden fields of discovery—so that they could make the future of Queen Victoria's reign as glorious in the annals of scientific discovery, as full of help to the sick and wounded sufferer, as had been its past.

NOTE ON THE USE OF DRAINAGE TUBES.

BY HERBERT W. PAGE, M.C. CANTAB.,
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IN THE LANCET a few weeks ago (vol. i. 1887, p. 947) was a very interesting note on the "Value of the Hæmorrhage in the Treatment of Wounds," wherein was set forth the opinion of Professor Turazza that hæmorrhage, provided that it be not due to the lesion of large vessels or carried to excess, is of small importance, and does not interfere with primary union. And as the outcome of his experience, the following "new rule" in surgery was formulated: that "in wounds perfectly disinfected, and free from foreign substances, the effusion of blood is not a source of danger, but the reverse, for the extravasated blood fills up the cavity of the wound perfectly, preventing the formation of empty spaces, and rendering both compression and drainage superfluous, and further, the organisation of the clot favours healing." Holding these views, the note tells us (for I have not seen his original paper) that he almost entirely discards the drainage tube, "because it increases septic risks, and may remove from the cavity into which it is inserted fluids which in an aseptic condition may be useful by reabsorption.'

It would be instructive to know what is nowadays the general practice of surgeons with reference to the point of procedure here recorded. That the amplest possible drainage is ever necessary in cases of suppurating wounds, or of wounds which cannot from various circumstances heal by first intention, is, of course, an accepted doctrine; but it is a question—and with this question I now wish to deal—how far the drainage tube is really necessary, or for what length of time it should be used in the case of wounds inflicted by the surgeon under perfectly aseptic conditions. About the time that this paragraph appeared I had an amputation below the knee performed under not the most favourable conditions, in which the presence of a large blood clot did unquestionably seem to be of value in, or at any rate to cause no interference with, the healing process. This was the case of a woman, aged fifty, in whom a very bad displacement after fracture of the lower end of the tibia and fibula was gravely increased by a violent attack of delirium

tremens, and in whom it was found impossible to bring the bones into apposition or to secure union. Efforts in this direction having failed, her leg was removed below the knee on May 10th, two months after her accident, by lateral Stephen Smith flaps — a method of flap-formation, by the way, which is highly to be commended in amputation at the seat of election. The position of the flaps rendered a drainage tube unnecessary, although a very large amount of oozing was expected from the œdematous state of the tissues. The oozing of blood was very great indeed, but in the course of forty-eight hours, at the second dressing, it was seen through the opening which had been left at the most dependent part of the wound that the flaps were filled and distended with a large blood clot. This clot was subsequently watched with much interest. The skin healed by first intention, and at no time was there any pus. The clot gradually contracted in size, and became firmer and firmer, and it clearly aided largely in the filling up and consolidation of the stump, which was perfectly sound and firm when the patient left the hospital on June 16th. The stump had then, in fact, the appearance of one which had been formed for several months, and was absolutely free from discomfort. There can be no doubt, I think, that in this case the blood clot did what Professor Turazza claims for it, and it raises an important question as to the use of the drainage tube. Speaking as the result of general observation and experience, and without reference to any particular case, I should say that the sooner a drainage tube is removed the better is it for the healing process — that is, in aseptic wounds inflicted by the surgeon. The drainage tube performs its office of carrying off superfluous blood and sanguineous serum in the course of from sixteen to twenty-four hours. If its margins have been accurately adapted, the skin wound is healed in this time — sufficiently healed, that is, to render the parts beneath occluded from the air,—and any subsequent extravasation of blood, of which there is sure to be some in the course of the next forty-eight hours, will be dealt with by the tissues, as the tissues ordinarily deal with blood poured out in a true subcutaneous injury where there is no communication with the outside. Some of this blood will be reabsorbed, some—perhaps the greater part—will clot, and organisation forthwith proceeds in this blood coagulum, which fills up all the nooks and crevices of the wound. The clot acts as a sort of scaffold for the building up of new tissue; in other words, organisation takes place on it and in it, and the process of union, of healing, and consolidation is much helped thereby. If the drainage tube be left longer than the time named it is very prone to act as a source of irritation, and I feel sure that it is the frequent cause of suppuration and of apparent failure in antiseptic methods, simply because it has been retained too long. Seeming to act with perfect and needful efficiency because of the visible discharge on the dressings, it is all the while merely carrying off the fluid which itself has caused the tissues to exude. Professor Turazza would discard the tube altogether, and encourage the collection of blood and formation of clot, and his opinion clearly deserves the consideration of surgeons. Without going as far as he, I would say that each case must be dealt with according to its own conditions, and by no hard-and-fast rule. After some wounds no drainage tube is obviously needed, but in the large majority of cases where it is, the early removal of the tube will, I am convinced, conduce to the healing process and lessen the risks of failure and of suppuration. Accurate apposition of the skin, a dry dressing, and perfect rest—these are the essentials for rapid healing in the presence of ordinary cleanliness, by that obtained by purification of water, or with this or that antiseptic solution. With these precautions, and the very early withdrawal of the tube, the immediate healing of a wound seems, in my experience, to be a matter of almost absolute certainty; it matters not whether it be the extensive wound in an amputation of the thigh, an arthrectomy of the knee or the excision of a large breast, or the smaller wound such as is inflicted in the operation for strangulated hernia or the removal of a small lipoma. The surgeon secures the immediate closure of the wound, and all inflammatory action which may be set up in deeper parts by the injury of the operation goes on under subcutaneous conditions. We only need to use the drainage tube for the removal of that fluid which, if excessive and causing tension, will interfere with the perfect rest and apposition of the divided tissues. The use of the tube for this purpose is rarely demanded for more than from sixteen to twenty-four hours, and the method of its *gradual* removal by cutting it a little shorter day by day is, I think, vastly inferior to that of its bodily removal at the end of the first day, or at the first dressing on the day after the operation, in less than twenty-four hours, even if its presence beyond this time be not positively injurious to the tissues and does not interfere with the process of healing.

The antisepticism of modern surgery has sometimes been derided, and it has been held that the drainage tube is the real source of all the good which is to be had from antiseptic treatment. The spray has had its day, and it will be strange if the drainage tube is to follow it. *Pace* Professor Turazza, I find it hard to believe that the drainage tube will disappear entirely from use, even in aseptic wounds. Experience, it is more probable, will lead to its being employed with greater discrimination and caution, and with better adaptation of means to ends, than heretofore; and towards this desirable result (for by it we shall have greater certainty in the healing of wounds) the paper of the Italian surgeon on the value of the hæmorrhage in the treatment of wounds cannot be without influence.

NOTES ON ULCERATIVE ENDOCARDITIS.[1]

BY HENRY McCLURE, M.D.

ANY contribution to the literature of ulcerative endocarditis must prove interesting to the profession, and the two cases I am about to give should prove doubly so by reason of the recovery of the patients. The first case is a recent one, the duration of the illness being sixty-eight days—that is, from the beginning till the temperature settled steadily down to the normal.

Miss C——, aged twenty-six, fairly well nourished, rather anæmic, menstrual function normal. Gouty family history. No history of rheumatic fever or rheumatism. Was seen first on Oct. 9th, 1886. Had complained of some pain in the back and chest for the previous week. She was coiled up in bed in extreme pain, which was referred to the region of the left kidney, with excessive tenderness on pressure. Pulse 80; tongue clean; temperature normal; urine cloudy, containing copious lithates, but no albumen. A morphia and ether mixture was given, with chloroform and opium applied externally.

Oct. 10th (second morning).—Still in great pain, which now seems to shoot from the original seat up the back to the left shoulder, with very anxious look; complexion dusky; pulse 109; temperature 103°; a distinct direct murmur heard at the second interspaces; some tenderness all over the abdomen; tongue coated with smooth white fur; thirst; no headache or nausea. Evening (7 P.M.): In much the same state; temperature 101·5°; pulse 100. Ordered salicylate of soda, in ten-grain doses, every two hours.

11th (third day).—Temperature 104°; pulse 110; pain less; very restless night; some delirium; urine contained traces of albumen (sp. gr. 1020); systolic murmur heard up into the neck, rasping in character. Evening temperature 101·6°; pulse 120, and very feeble. Brandy given and salicylate discontinued; quinine in four-grain doses to be given every three hours. Bowels had acted; motions natural in character. An Austin's inhaler with carbolate of iodine is now to be used frequently.

12th (fourth day).—Temperature 102°; pulse 106. Some delirium in the night; severe headache; no nausea; pupils react to light.

13th (fifth day).—Temperature 105°; pulse 120; respiration 28; headache; some delirium. Lungs carefully examined; nothing abnormal. Evening temperature 101°; pulse 110.

14th (sixth day).—Temperature 102°; breathing very shallow; respiration 28; constrictive pain round lower part of chest. Urine and fæces passed involuntarily. Evening temperature 103°; a roseolous rash observed on abdomen.

15th (seventh day).—Morning temperature 101°; some sickness, delirium, and headache; urine albuminous; sp. gr. 1018. As there is great difficulty in using the inhaler, an oro-nasal one was now substituted, with sponge saturated

[1] Abstract of a paper read before the Norwich Medico-Chirurgical Society.

with carbolic acid, creasote, and iodine. There is pain over the heart and distinct cardiac distress.

16th (eighth day).—Temperature 101°; almost constant, rather noisy, delirium in night; breathing shallow; respiration 30; moist râles heard over both bases; pain and tenderness over kidney, spleen, and liver; aortic systolic murmur, harsh and grating, heard all over chest. Seen by Dr. Bateman of Norwich. Quinine continued; small dose of grey powder; six ounces of brandy in twenty-four hours to be taken.

17th (ninth day).—Temperature 101°; very delirious in night, severe headache; passed evacuations involuntarily; pain, tenderness, and some enlargement of spleen; moist râles, with distinct creaking sounds heard at both bases; aortic murmur harsh; other sounds murmurish; pulse tracing dicrotous and feeble; slight jaundice.

19th (eleventh day).—Temperature 100·5°; headache less; better night; tongue fairly clean; takes nourishment well. Evening temperature 102·8°.

23rd (fifteenth day).—A slight rigor had been noticed in the night for the first time. Temperature 104°; pulse 120; respiration 30; headache and delirium. Called in the night, as she was thought to be dying. Temperature 102·6°; pulse 120, very feeble. (See pulse tracing.) Tincture of digi-

Pressure 2½ ounces.

talis in three-minim doses was given every two hours, and brandy increased to eight ounces in twenty-four hours.

24th (sixteenth day).—Temperature 103°; feels rather better: headache less; pulse tracing better. Evening temperature 101·6°.

25th (seventeenth day).—Temperature 100·6°; pulse 109; respiration 29. Better night. A copious deposit of uric acid sand in urine, with trace of albumen. Cardiac murmur is decidedly softer in character; moist râles and creaking sounds heard over back and sides; a deep inspiration causes severe constrictive pain across lower part of chest; pain and tenderness over left kidney; tenderness over liver and spleen; bowels acting regularly; tongue almost clean; takes food well; still some yellow tinging of conjunctivæ.

30th (twenty-second day).—Slight rigor in night. Temperature 103°; tenderness over heart, liver, spleen, and left kidney; still some jaundice; condition of lungs and heart the same. Small doses of solution of perchloride of mercury, with ammonia and cinchona, given.

Nov. 6th (twenty-ninth day).—Temperature 100·1°. No headache; no delirium; jaundice almost gone. Condition of heart and lungs the same. A full inspiration still causes pain; tenderness over heart, liver, spleen, and kidney continues. Urine free from albumen; still some uric acid sand.

12th (thirty-fifth day).—Evening temperature 102·4°; pulse 125; tracing of exceedingly low tension; feeling of faintness on slightest movement. Brandy increased; tincture of digitalis in five-minim doses, with cinchona given every three hours.

13th (thirty-sixth day).—Pulse rather better; physical signs the same.

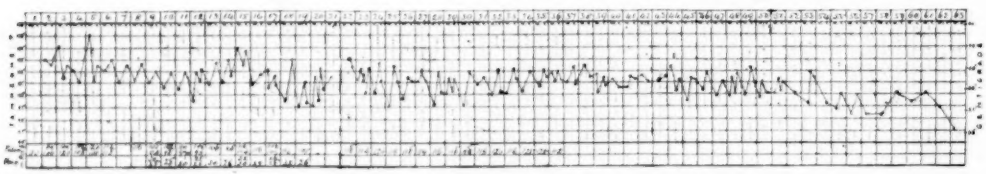
21st (forty-fourth day).—Slight rigor. Temperature 102·5°.

22nd (forty-fifth day).—The cardiac murmur was observed to be much softer in character.

For several days there was some nausea and sickness. The digitalis was discontinued, and bismuth and soda given.

On Dec. 3rd (fifty-sixth day), the morning temperature was 98·8°, and the patient felt decidedly better. The lungs were free from abnormal sounds.

9th (sixty-second day).—Morning temperature 100°. From this time the temperature remained normal till the 16th, when it rose to 100°, and it has since remained normal. (See temperature chart.)



A condition of rather obstinate constipation was the only troublesome after-symptom I had to deal with. There was a steady but slow gain of strength from day to day. She got up for the first time on Jan. 4th. A brownish staining has replaced the roseolous rash. A deep inspiration still causes pain referred to the lower part of the chest in front. There is some slight tenderness over the liver, spleen, and kidney. A soft blowing systolic murmur is still heard propagated along the course of the larger vessels. Other heart sounds normal; still some tenderness on pressure in cardiac region. Has gained flesh; takes food well.

Remarks.—The recognition of ulcerative endocarditis as a distinct disease is comparatively recent. According to Osler[2] it occurs under three conditions: 1. As a primary disease affecting the lining membrane of the heart or its valves, either attacking persons in previously good health, or more often attacking the debilitated or those with old valve lesions. 2. As an associated condition in connexion with such diseases as rheumatic fever, pneumonia, scarlet fever, diphtheria, ague, &c. 3. An associated condition in septic processes, traumatic or puerperal. I consider this case a typical one of the disease beginning at the heart. There was no evidence of any previous heart lesion; the fever was secondary to the presumed renal embolism. The main diagnostic points are: 1. The endocardial murmur, its changing character during the illness, and its total disappearance. 2. The character of the fever as indicated by the thermometer, its irregularity of type, the exclusion of other affections as rheumatic fever, pneumonia, &c. 3. The albuminuria, roseolous rash, jaundice, and the presumptive evidence of infarcts in kidney, spleen, and lungs. There was no initial rigor observed, and only three slight ones during the illness; there was no cough till the last week, and that was transitory in character. There was no irregularity of pulse observed, and no hæmaturia.

The disease is considered to be due to the presence of a micro-organism—the staphylococcus. These microbes exist in colonies on the endocardium, are swept into the blood current, lighting up a septic fever, and are found in the plugs of the vessels of the spleen and kidney. From what I have gathered from the literature of the subject, the prognosis is gloomy in the extreme. Almost all the recent authorities state that there has not yet been one recorded case of recovery, but admitting the anatomical possibility of it.

As to the treatment. Believing the disease due to the presence of a micro-organism, and a micro-organism of low vitality, the germinating power of whose spores is completely checked by a solution of 1 in 300,000 of bichloride of mercury, a rational method of treatment would seem to be to expose the blood to the action of an antiseptic vapour, which we can do by means of inhalations. This method of treatment was suggested to me by the following case.

June 2nd, 1882.—J. B——, aged twenty, first seen on this date, had been ill for about ten days under Dr. Stovin—an undefined illness: some dysenteric symptoms, with obscure pains in muscles and joints; slight fever; was able to walk about his room.

3rd.—Confined to bed. Temperature 102°. Some cough, with difficulty in breathing; a well-marked mitral systolic murmur heard at apex for the first time. For a few days in much the same state. There was a good deal of nausea and sickness.

About June 8th a well-marked phlegmasia alba dolens developed in the left leg. Cough much worse; some dulness at base of left lung; extreme fetor of breath, with profuse expectoration of extremely fetid greenish matter. We then determined to try antiseptic inhalations. An Austin's

[2] THE LANCET, vol. i., 1885.

inhaler was used with carbolate of iodine. In a very few days a marked improvement set in, the swelling of the leg was almost gone, the lung symptoms were decidedly better, and the fetor less; some broken down lung tissue was expectorated, the murmur at the apex still persisting. He went on steadily improving, and in about fourteen days was almost well. There was still some cough and expectoration, but no fetor. The cardiac murmur was softer in character. Before the end of August he was able to get out; cough gone, and the heart-sounds quite normal. I saw him a year after a perfect picture of health. The lung sounds were perfect, and the heart quite normal.

That this was a case of ulcerative endocarditis I have no doubt now, but at that time there was not much known on the subject by the ordinary general practitioner. Both Dr. Stovin and myself attributed his recovery to the inhalations, and, I think, rightly so, as amendment in all the symptoms began almost directly after using the inhaler.

In the December following this, Dr. Julius Pollock related a case of ulcerative endocarditis with pyæmic symptoms,[3] resulting in death on the fifteenth day. He says: "The treatment of ulcerative endocarditis with pyæmia is most unsatisfactory; none of the ordinary remedies had any real effect, nor did large doses of alcohol sensibly improve matters. I wish now I had tried the inhalation of carbolic acid or carbolate of iodine, and I would suggest giving such a line of treatment a fair trial in any case of the kind, especially where the lungs appear to be much affected." The case, I may say, was watched attentively throughout by Dr. Stovin (now of Stratford) and myself. I am sorry my notes are defective, but I think the main points and course of the case are correctly indicated. I have recently submitted them to Dr. Stovin for his verification.

In my recent case, though the inhalations were begun on the third day, I am afraid they were practically useless until the seventh day, when the oro-nasal inhaler was substituted. This was used throughout the illness for ten minutes at a time, about ten or twelve times in the twenty-four hours. I cannot help feeling that the gradual decline of the most urgent symptoms was due to the presence of the antiseptic in the blood, checking the growth and reproduction of the microbes, if not destroying them. The second indication in the treatment of my recent case was to keep up the failing power, and especially to combat the cardiac depression. Fortunately, nourishment was taken fairly well throughout (administered often), and consisted of strong broths, beef-tea, jellies, milk, eggs, &c. Stimulants were given freely when absolutely required. Digitalis, though often indicated, was given with caution, fearing to excite sickness or nausea; the sphygmograph was specially useful in giving the indication for it and recording its effects. During the most anxious part of the illness I was fortunate in having the co-operation and assistance of the young lady's brother, a very intelligent senior medical student, who watched the case most carefully, and to whom I am indebted for the minute records of the temperature. As he often heard the cardiac murmur during the illness, he tells me he auscultated the heart recently, and that the sounds seemed to him quite right; he could detect no murmur. This I can verify, as I saw my patient on March 26th; she was then able to walk a mile without fatigue. The heart sounds were normal and the lungs sound.

CASE OF ACUTE RHEUMATISM WITH HYPERPYREXIA.

BY ARTHUR J. DALTON, L.R.C.P. LOND., M.R.C.S.

I READ with much interest Dr. Taylor's case of rheumatic hyperpyrexia in THE LANCET; and having had a very similar one lately in private, with even a higher temperature—viz., 108·6° in the axilla,—I venture to publish a few particulars of it.

Miss S——, aged twenty-four, never had rheumatism before, but her father, mother, and one sister had suffered from it on several occasions. On Dec. 31st the patient was seized with pains in the joints, which shortly became swollen and hot. On the fourth day she had a little pleurisy on the left side, with a good deal of pain. The temperature was never very high. On January 6th the pain in the joints disappeared, and an erythematous rash appeared over the body. The temperature now began to rise, and on the morning of Jan. 7th was 103°. Up to this date I had only seen the patient once, my partner, Mr. F. M. Miller, having been in attendance. In the afternoon of the same day, at 3.50 P.M., they sent round in a great hurry, and, Mr. Miller being out, I went at once, to find the patient violently delirious, erythematous rash covering the body, pulse very feeble and not to be counted, and the temperature in the axilla 108·6°. I immediately ordered half an ounce of brandy with a little milk, which was given by the mouth with great difficulty. The patient was then stripped, and a sheet wrung out with ice-cold water applied to the chest and abdomen; also several lumps of ice, four or five in number, were placed outside the sheet. The patient was so violently delirious that it took three people to hold the ice on and keep her in bed. The sheet was replaced by another at short intervals and fresh ice applied.—4.5 P.M.: The brandy and milk, with a quantity of milk previously taken, was vomited, also a good deal of phlegm.—4.15 P.M.: Temperature 107·6°; pulse 160.—4.45 P.M.: Temperature 104°; pulse 124. Patient passing everything under her, and motions very much relaxed and offensive.—5 P.M.: Temperature 102·4°; pulse 124, weak. Patient now fairly conscious, but much hesitancy in speech and difficulty in finding words; good deal of muttering and trembling of lips. Subcutaneous injection of brandy (ten minims).—5.20 P.M.: Temperature 100·6°; pulse 128, stronger. Injection of brandy (fifteen minims) subcutaneously.—5.40 P.M.: Temperature 99·6°; pulse weak. The ice was now removed, patient dabbed dry, and put into another bed in the same room between blankets. She was now quiet and conscious.—6 P.M.: Temperature 97·2°. Injection of brandy (fifteen minims) repeated, and, as patient complained of feeling cold, a hot bottle was applied to the feet.—9.30 P.M.: Temperature 99°. Quite conscious and comfortable.—12 midnight: Temperature 102°; pulse good. Face a little flushed. Ice was applied to the head, and ten grains of sulphate of quinine were given in a little orange juice. The patient was given small quantities of brandy and milk during the night. The temperature taken through the night by patient's sister was as follows: at 1 A.M., 102°; 2 A.M., 103°; 3 A.M., 103°; 4 A.M., 102°; 5 A.M., 103°; 6 A.M., 103°; 7 A.M., 104°. The patient was also given five grains of sulphate of quinine every two hours.

On seeing the patient at 8 A.M. on January 8th, I found she had taken a pint of milk during the night, and about seven dessertspoonfuls of brandy. There had been no sickness. Her temperature was 103·3°, and pulse 120, full and regular; respiration 36. The patient complained of feeling tired, and seemed inclined to sleep. She had had a fair amount of sleep during the night, and had passed a large quantity of urine naturally, having passed nothing more under her.—11.40 A.M.: Temperature 101·8°; pulse 109; respiration 33. Since 8 A.M. has had six dessertspoonfuls of brandy with milk and quinine, five grains every two hours. She is now a little deaf, with some buzzing in ears, and very drowsy. No headache. Last quinine powder was vomited. The brandy and quinine to be discontinued.—4 P.M.: Temperature 101·6°; pulse 110; respiration 37. The breathing resembles Stokes' respiration. Since 12 o'clock has had no brandy, but has taken a pint of milk without sickness. Quinine (five grains) to be repeated. Ice still to head. The patient expresses herself as much better. The bowels have acted well; motions pale, but not relaxed.—9.15 P.M.: Temperature 101·5°; pulse 100; respiration 36. Has slept a good deal during the day. Takes plenty of milk. The quinine now to be given every four hours. The temperature during the night did not exceed 101·4°.

Jan. 9th.—10.30 A.M.: Temperature 100·8°; pulse 93; respiration 32, more regular and less noisy. Quinine given every six hours. No pain in any of the joints.—9.20 P.M.: Temperature 100·4°; pulse 92; respiration 32, quiet. This evening the patient says voices have been talking to her. Head has been a little uncomfortable. Since 5 P.M. has had a little pain in the left knee and ankle, also in the wrists, but there is no swelling or redness. Quinine to be discontinued, also ice to be removed from head. Both to be repeated if the temperature reaches 103°.

10th.—Breathing normal. No pain anywhere. Temperature through the day varying from 99° to 100°. The skin has resumed its normal appearance.

11th.—Temperature throughout the day 99°.

12th.—About 11 o'clock last night the pain in the wrists

[3] Ibid., Dec. 9th, 1882.

returned, and the temperature went up to 101°. This morning the patient has pain in the wrists and shoulders. Ordered ten grains of salicylate of soda every three hours.

13th.—Pain in shoulder still troublesome. Ordered ten grains of salicylate of soda every two hours. Temperature remains about 100°.

16th.—Pain gone from shoulder, which, however, is stiff and powerless. Temperature normal. Shoulder to be well rubbed with oil and worked frequently.

20th.—Temperature still normal. Patient now taking ferri et am. cit., &c. Shoulder improving.

23rd.—Patient got up for the first time. Shoulder still stiff. The after treatment consisted in keeping the shoulder well worked, and a mild preparation of iron taken internally.

On March 16th the patient was in her usual health and spirits. All stiffness had disappeared from the shoulder, she had had no return of pain anywhere, and it is satisfactory to state that there had been no cardiac trouble throughout. As in Dr. Taylor's case, the patient remembered nothing afterwards of the cold applications; neither did the temperature again rise to a dangerous height. All temperatures were taken in the axilla, and it was interesting to note as the temperature dropped the gradual transition from violent delirium to consciousness. I think in a subsequent case I should remove the ice and place the patient in blankets earlier than I did in the present one.

Bethune-road, Stamford Hill.

CASE OF ACUTE RHEUMATISM WITH HYPERPYREXIA,

SUCCESSFULLY TREATED WITH COLD BATHS, AND ICE-BAGS TO THE NAPE OF THE NECK.

BY WALTER GREENE, L.R.C.P., M.R.C.S. LOND.

A. B——, aged thirty-six, came under my care on January 18th, 1887. He was then suffering, he supposed, from the effects of a severe chill, and complained of pain in his limbs and some of his joints, and there was slight febrile disturbance. When seen three days later the temperature was 103° and the pulse 120. There was considerable pain and swelling of the wrists, finger joints, and ankles, and also profuse perspiration, having the characteristic rheumatic odour. I prescribed twenty grains of salicin to be taken every three hours, which was continued for a week, during which time the temperature was fluctuating, but rarely rose higher than 102°, and the joint complications and rheumatic perspirations continued. On the morning of the 28th (Friday) the temperature had risen to 103°, and there was much restlessness. The salicin in twenty-grain doses was then taken every two hours, but in the evening the temperature had risen to 103·6°. At 11 o'clock on the following morning (Saturday, January 29th) the temperature was 106°, the pulse 140 and irregular. Shortly after 12 o'clock the temperature had risen to 107·4°; the respirations were 43; the pulse was small, irregular, and uncountable; and there was lividity of the face and delirium. I now determined to try the effects of the bath. The only bath available was not long enough to admit of the patient's lying down in it; so he had to be supported in a sitting position, with the water, the temperature of which at first stood at 105°, up to his waist. I then poured cold water over his head, chest, shoulders, and back, from relays of cans and jugs which were kept in constant readiness, so as to afford a continuous supply, the nurse baling the warm water out of the bath as fast as the cold water was poured in. In about twenty minutes the temperature was brought down to 102°, and his mind appeared to be quite clear. He was then wrapped in a warm blanket and returned into bed. The temperature continued to decline, and in about a quarter of an hour after he had been replaced in bed it had fallen to 100·4°. A pericardial friction sound was now audible. In the evening the pyrexia was again increasing, and as so much relief had followed the former use of the bath, I determined if necessary to repeat it, and did so when the temperature reached 105°, having first given him an ounce of brandy. As he was very weak, I did not allow him to remain long, but had him wrapped in a warm blanket, and returned to bed as soon as the temperature had fallen to 103°. The bath, as before, was repeated at 3 o'clock in the morning (Sunday, 30th), the temperature having risen to 105°, and again at 11 o'clock, the temperature at this time having reached 106° (the same as on the previous morning at the same hour). After being replaced in bed, a bag of ice was now kept continually applied to the nape of the neck, and this I found by its occasional removal was exercising a markedly controlling influence upon the temperature, which did not again rise above 104°. The slight pericardial friction sound could still be heard. Towards evening he became very restless, and as he had passed several sleepless nights, I gave him, within half an hour of each other, two doses of thirty minims each of paraldehyde. This having no effect, I then gave him thirty grains of bromide of ammonium, and at the same time a subcutaneous injection of liquor somnifera, after which he had a few short intervals of sleep, lasting about one or two hours at a time. The following morning (Monday, the 31st), the temperature being 104°, I gave him twenty-grain powders of salicylate of soda every three hours. He took five, but the effect upon the temperature was insignificant. The extreme restlessness, or rather wakefulness, which had continued through the day, increased in the evening, and towards midnight he appeared to be sinking. He was unconscious, though lying apparently awake, with his eyes wide open. The pulse was exceedingly small, and quite uncountable; the respirations shallow, and 44 to the minute. I then injected over a drachm of ether subcutaneously, and gave him an ounce of brandy. A marked improvement in the pulse ensued, and consciousness returned. He was, however, still very restless, so I prescribed forty grains of urethan, which, although it did not induce sleep, seemed to improve the character of the pulse. I then injected three minims of liquor somnifera subcutaneously, and in about a quarter of an hour after this the respirations had fallen to 19 and the pulse to 108, and he slept quietly for two or three hours. On awakening, some milk was taken, and I again gave him forty grains of urethan, after which the general condition greatly improved, and he slept at intervals the greater part of Tuesday morning. During the following three days, although the patient was very prostrate, the temperature gradually fell, and a slight improvement was observable. There was, however, a tendency to nervous excitement, and I prescribed each night eighty grains of urethan, and injected subcutaneously three minims of liquor somnifera. The pericardial friction sound, first observed on the Sunday, was still audible, little or no liquid effusion having taken place. The pain and swelling of the joints gradually decreased. Each day some progress was made, and on Feb. 4th he was able to sit up, complaining only of great weakness and some stiffness in his joints. On the evening of Feb. 19th he appeared to be threatened with a relapse. His hands, wrists, and shoulder joints became swollen and painful; he was bathed in a profuse perspiration having the rheumatic odour; the temperature rose to 101·2°, and the pulse to 109, and in the night he complained of a sharp pain in the præcordial region. In addition to the quinine which he had been taking in five-grain doses twice daily from the time the temperature subsided, I now gave him twenty-grain doses of citrate of potash. These symptoms continued for about a week, and then gradually passed off, leaving him exceedingly weak and helpless. From this time, however, he slowly and steadily progressed towards recovery. It was a noteworthy feature in this case that when the temperature was rapidly rising, and while the hyperpyrexia continued the joint pains and acid perspirations entirely disappeared. At such times the skin was dry, and the patient seemed to move his limbs freely and without apparent discomfort.

Remarks.—This is his third attack of acute rheumatism, and the high temperature coupled with delirium, and the signs of a failing circulation, as indicated by the lividity of the surface and an almost imperceptible pulse, are sufficient to mark it as being one of the greatest severity. It presents points of great practical interest. Salicin and salicylate of soda failed to exercise their so-called specific action. From January 21st to 29th my patient had taken at least 1280 grains of salicin, and in spite of this the temperature had risen to 107·4°. No better result followed the administration of salicylate of soda, of which he took 100 grains, though in both instances the drugs were of excellent quality. The effect of cold baths in these extreme cases is well known and needs no comment, but the influence on the tempera-

ture exerted by the ice-bag at the nape of the neck, in close proximity to the heat-regulating centres, is worthy of notice. Urethan given in large doses, on some occasions as much as eighty grains at a time, had little or no influence in procuring sleep, though it sometimes seemed to allay the extreme restlessness, which was such a troublesome factor throughout this case. Its principal effect, however, appeared to be exerted in improving and steadying the pulse.

Wallingford, Berks.

BRIEF NOTES OF THREE CASES OF

INTESTINAL OBSTRUCTION ILLUSTRATING SOME POSSIBLE ERRORS OF DIAGNOSIS.

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CASE 1. *Chronic intestinal obstruction simulating tabes mesenterica.*—W. M. T——, an imbecile boy aged sixteen, with family history of phthisis. Towards the end of August, 1882, it was noticed that he had fallen off a good deal in flesh, and had occasional attacks of abdominal pain and diarrhœa. On examination of the abdomen there was found to be general enlargement with prominence of the superficial veins, and apparently a little ascites. On Sept. 21st a tumour was felt in the right iliac region, which subsequently extended into the hypogastric region; it was hard, lobulated, and easily mapped out with the hand, being evidently distinct from the liver and kidney. The symptoms were gradual emaciation, abdominal pain, occasional vomiting (which, however, was never copious or uncontrollable), and a tendency to diarrhœa, the motions being of a dark muddy colour. The morning temperature was generally about normal; in the evening it was usually a little over 100°, but sometimes as high as 102°. He died on Oct. 31st without any fresh symptoms. The diagnosis made was tubercular disease of the mesenteric glands. The post-mortem examination showed that the cause of death was intestinal obstruction. The tumour felt during life consisted of coils of intestine closely matted together by peritoneal adhesions, and distended by a dense fæcal mass consisting almost entirely of potato parings.

CASE 2. *Acute intestinal obstruction simulating choleraic diarrhœa.*—S. B——, an imbecile boy aged sixteen, with feeble circulation and subject to occasional attacks of diarrhœa. On July 30th, 1883, some friends came to see him and gave him a good many sweets. The same night he had diarrhœa badly; the next day he looked very pale and ill; about noon the diarrhœa recurred, he became very blue, and his pulse was almost imperceptible. He was put to bed and stimulants administered; he looked better, but diarrhœa continued.—Aug. 1st: He was restless during the night, and the diarrhœa still continues; the stools are liquid, of a *dark-greenish mud colour;* he complains of no pain but is thirsty; the hands and feet are cold and the pulse imperceptible; temperature in the axilla 102°, no abdominal distension; tongue slightly coated; he has taken plenty of milk and beef-tea, *without sickness.* Ordered a mixture containing tincture of opium, compound spirit of ammonia, spirit of chloroform, and tincture of catechu, every three hours, and two teaspoonfuls of brandy every two hours, with warmth to the surface by hot flannels and a hot-water bottle. He, however, did not rally, and died at 2.45 next morning. The post-mortem examination showed that death was due to intestinal obstruction, the seat of obstruction being the sigmoid flexure of the colon, which was tightly packed with hard scybala.

CASE 3. *Acute intestinal obstruction simulating choleraic diarrhœa.*—Arthur T——, an idiot boy aged fifteen. Aug. 17th, 1886: The last fortnight he has been suffering from disordered bowels, apparently diarrhœa, the motions being liquid and of a dark-green colour (according to the nurse). During this time he has been sick twice, and has not taken his food as well as usual. This morning the symptoms suddenly became more acute, he vomited repeatedly during the day, and there was an almost constant liquid flux from the bowels. Towards evening he became very much exhausted, the pulse being quick and feeble and the hands and feet cold. Stimulants, astringents, and sedatives were administered freely without effect.—18th: This morning, at 8 o'clock, he looks very bad; he is hollow eyed, the surface is cold and clammy, and there is no pulse perceptible. He has been sick only once during the night, but there is almost constant retching, and the diarrhœa has continued almost incessantly, the stools being liquid and of a peculiar *muddy* colour. The character of the stools called to mind the previous case; the rectum was therefore examined with the finger, and just at its tip a hardened mass of fæces was felt in the upper part of the rectum. An attempt was made to break it down, and then a copious enema was administered. Nothing came away immediately, but about two hours afterwards a piece of slate pencil 2½ in. long was extracted from the rectum with the finger; subsequently, after repeated enemata, a quantity of small pieces of slate pencil about an inch long, a few bits of stick, some pieces of rag, and fragments of wool, came away. All the bad symptoms passed off, and the boy rapidly recovered.

BULLET WOUND OF SPINE; PARALYSIS; SECONDARY ABSCESSES; DEATH.

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BULLET wounds occurring in civil practice are comparatively rare, and the records of any case are always of sufficient interest to merit their publication. The following notes of a recent tragical case that has happened in a quiet seaside town, presenting some unique features, will probably be deserving of perusal.

Walter W——, aged forty-four years, a gentleman of independent means, following no profession, when on a visit to Bournemouth, went out for a walk on the Common near Westbourne, between 4 and 5 o'clock on the afternoon of Sept. 11th, 1886. He overtook and passed a man walking in the same direction, who was going more slowly and who appeared to be lame. After getting some five or six yards beyond him, he was suddenly shot in the back and fell to the ground, the man firing two other shots at him from a revolver. Assistance being rapidly procured, the assailant was secured and Mr. W—— carefully conveyed to the Bournemouth Cottage Hospital, where he was temporarily attended by Dr. Snow (in the absence of myself and the other surgeons), who found him conscious, but in a state of collapse, complaining of pain in the back, numbness, and inability to move his legs freely. At 8 P.M., an examination of the wound showed a small circular opening about the level of the tenth dorsal vertebra, a little to the left of the mesial line of the spine. A probe was carefully passed down for about an inch and a half, but no bullet could be felt; there was some œdema round the wound and oozing of blood. There was found to be slight movement in the legs, but sensation was impaired, especially in the calves of the legs and dorsum of the feet. The right ear had been penetrated by a bullet, there being a small circular opening through the concha. As the patient was still suffering from shock, further examination was not deemed advisable. A pledget of lint dipped in carbolic oil was applied to the wound and some ice put over the part. Two ten-minim doses of tincture of opium had been administered at 6 and 7 P.M., and as there was still a good deal of pain over the lower part of the back and abdomen, twenty minims of tincture of opium were ordered at 9.30 P.M. The patient could not pass his urine. There was no vomiting, and he took a few ounces of Liebig's beef-tea.

Sept. 12th.—The patient passed a bad night, suffering from a good deal of pain and restlessness; one-sixth of a grain of morphia, given hypodermically about noon, afforded great relief. Owing to the serious nature of the case, his depositions were taken before a magistrate, who attended in the afternoon. About an ounce of clear urine was voided. Temperature in the morning 99·6°; evening 100·6°. Pulse in the morning 88; evening 108.

13th.—Quiet night after two hypodermic injections of morphia. Twenty-nine ounces of urine drawn off in the morning, very bloody, probably from kidneys. Bowels confined; two enemata, which were used to empty them, were not retained owing to the relaxed condition of the sphincter. Temperature, 100·2°; pulse, 108. Mr. Victor Horsley came down this evening and examined the patient. After consultation, it was considered that there was no local evidence of injury to the spinal cord itself; the partial loss of movements in the legs and the impaired sensation

were attributed more to concussion of the spinal cord than to direct injury to it. Vastus reflex present, cremasteric absent; superficial reflexes over the chest and abdomen well marked. Some pain on pressure to the right of the umbilicus felt in the leg, also on pressure on the right side of the scrotum. Crural branch of genito-crural nerve, also genital branch on the right side in line, and this pointed to pressure on the right genito-crural, and also, probably, on the right external cutaneous. The bullet probably pierced the body of the vertebra from left to right and lodged in the right psoas. The danger was, of course, septic mischief, but an attempt to extract the bullet was agreed upon.

14th.—Passed a quiet night. At 8 A.M. the urine was drawn off and found to be quite clear. The following operation was performed by Mr. Horsley. Chloroform having been given, an incision was made down the middle line of the body, beginning at the wound of entrance made by the bullet and extending down about five inches in length, and another incision was made at right angles to it, running to the left for about two inches. The track of the bullet was followed downwards to the first lumbar vertebra, and it then appeared to pass between the transverse processes of the twelfth dorsal and first lumbar vertebræ; one of these transverse processes was removed by bone pliers, but the bullet could not be found or felt by exploring with probe or otherwise. No further attempt was considered either advisable or safe. The track of the bullet was then scraped with a sharp spoon, and the bruised tissues around the entrance wound were cut out, to place the entire track in as antiseptic a condition as possible. A solution of chloride of zinc (forty grains to the ounce) was used to cleanse out the wound, which was then sewn up and dressed carefully with carbolic gauze after the introduction of two drainage tubes. Full antiseptic precautions were adopted strictly throughout the operation, which was performed under the spray of carbolic acid.

15th.—Wound dressed under antiseptic precautions; looked well. Free discharge. Urine drawn off morning and evening. Bowels relieved by an aperient of mist. sennæ co. and decoct. aloes co. (of each one ounce). On testing the legs, the patient can move the right over the left, but cannot move the left over the right. Tactile sensation normal in right foot and leg, but impaired in left and absent from dorsum of foot.

16th.—Progressing favourably. Hypodermic injection of morphia continued as before. Bladder still requires use of catheter to relieve it.

17th.—Wound dressed. Small amount of serous discharge quite sweet. Sensation in left leg still diminished, and he complains of "pins and needles" in foot, also that he cannot keep the legs apart. Urine tested; no albumen.

18th.—Some slight cystitis appeared to-day. Bladder washed out with boro-glyceride solution, one drachm to the pint.

19th.—Erythematous rash over chest and back and on legs, probably due to the carbolic acid dressing. Corrosive sublimate was therefore substituted.

22nd.—Took a little solid food to-day, and passed a little urine without catheter. Wound looking well and line of incision healed, though open at either end. Some of the stitches removed.

24th.—Going on well. Temperature for last week has been 99° in morning, 100° evening. Remaining stitches taken out as they were causing some irritation. Wound had not been dressed for three days.

25th.—Bedsore forming over right trochanter of femur. Rather more motion in legs, and sensation in left a little better.

28th.—Wound dressed and all healed, except at upper part, and this only superficial. Dressed with boracic ointment.

30th.—Catheter passed only once a day. Temperature has been half a degree lower; evening 99·6°.

Oct. 2nd. Rather more feverish to-day. Temperature 99·4°; in the morning 101·8°, probably due to small fibrous slough separating from the upper part of the wound.

3rd.—Still feverish. Morning temperature 99·8°; evening 102·2°.

6th.—Moved on stretcher to Lansdowne House. Complaining of some indigestion. Ordered twenty minims of compound bismuth mixture twice a day.

7th.—Restless night, and complaining of hot burning pain in legs. Temperature lower: morning 99·2°; evening 100·4°.

9th.—The last two nights have been better. Morphia has been continued. Bladder greatly improved, and only occasionally washed out. Still great want of power in legs, especially the left. Bowels confined. Ordered pulv. glycyrrhizæ co. (one drachm) at bedtime.

10th.—Bowels acted four times, with flatulence and griping. Two drachms of brandy in arrowroot given.

12th.—Seen by Dr. Snow, and following notes taken:—"No tenderness over abdomen, and sensation normal. On the right side, between the knee and ankle, sensation is a good deal impaired, especially on the inner side over the foot, as if touched with a hot iron, and it is bent down; cold objects feel warm. On the left side, sensation imperfect below middle of left leg; cold objects also feel warm. As regards motion, the right leg he can draw slightly up, with difficulty semi-flexing it; the left leg, on the other hand, he cannot move at all. Ordered acid. phosph. dil. (five minims) and inf. cascarill. (half an ounce) bis die ex aq. a. c.; hypodermic injection of morphia as before.

Oct. 15th.—Slight rigor towards noon, and temperature ran up from 99·2° in the morning to 104° in the afternoon. Some powders of antipyrin, ten grains in each, were ordered, one or half a one to be given every two hours till temperature falls. One powder was taken, and two halves at two hours' interval, and the temperature fell to 102·2° in the evening. Two drachms of brandy to be given with food as required.

16th.—Better. Only one half dose (five grains) of antipyrin given.

17th.—Bowels relieved by injection. Better; night temperature lower.

19th and 20th.—Two half powders of antipyrin given.

21st.—Some quinine added to acid mixture, and no antipyrin given.

22nd.—Bedsore over trochanter and sacrum extending. Very apthous mouth. Ordered six grains of nitrate of silver in one ounce of water to be applied frequently.

26th and 28th.—One or two tablespoonfuls of pus passed from the bowels: rectum examined, but nothing to be felt.

29th.—Paraldehyde (fifty minims) was substituted for the morphia, but did not answer, and he had a restless night. Abscess of small size, which had formed in the calf of the left leg, was opened.

31st.—Slight amount of pus in fæces to-day, which were also very fetid. Temperature has been lower last three evenings; since pus was passed it averages 99·6° morning, 100·6° evening.

Nov. 6th.—Was seen by Mr. Erichsen in consultation with Dr. Snow and myself. Mr. Erichsen remarked that the bullet had stopped in the vertebral column; if not, it must have gone through and wounded the viscera; it had not gone through, however, but, striking the spine nearer the mesial line than the articulation of the rib, was either arrested in the bony part of one of the vertebræ or may have dropped into the pelvis. No further surgical exploration was possible; prognosis very gloomy, owing to danger of septic poisoning primarily, and secondarily the paralysis, exhaustion, and bedsores.

29th.—Has kept on much the same, but slowly losing ground and emaciating. Bedsores have greatly extended, large dry sloughs have come away, and there is evidently communication from the sacrum to the trochanter. Aphthæ come and go in the mouth, greatly kept under by application of weak caustic solution, glycerine, and borax, and washing out the mouth with oxygen water. Fever has been persistent, but not markedly high, being between 99·8° and 100° in the morning and 101·6° or 101·8° in the evening. Tendon reflexes exaggerated on right side and blunt on left. There is a good deal of inversion of right thigh and leg, which are also œdematous.

Dec. 9th.—Certainly weaker the last ten days, and more emaciated. Bedsores have greatly extended, resembling more a dry form of gangrene; all the bones of the sacrum are exposed and skin greatly undermined, especially on the right side, where the probe runs down to the bedsore over the trochanter. Has been ordered stimulants more freely.

30th.—Patient greatly wasted and wandering in his talk, misplacing and forgetting words; has been able to do with less morphia. Pulse has latterly run up to between 120° and 130°, thready, and very weak. Morning temperature 100°; evening 102°.

Jan. 3rd, 1887.—Slight dulness over both lungs, especially the left, where there is also some crepitation. Tubular breathing.

4th.—Very weak; respiration 36; sight, speech, and hearing gone; lung condition the same.

Jan. 5th.—Unable to swallow; unconscious; sinking.

6th.—Died this morning.

Necropsy twenty hours after death.—Present, Drs. Snow and Douglas, Parrott and Cusse. Body greatly emaciated and lower legs œdematous. Large deep bedsores over sacrum and right trochanter, exposing bone. Brain and membranes healthy except some slight congestion. Pericardium contained about two drachms of fluid. Left auricle and ventricle, especially former, full of decolourised clot. Heart muscular, tissue quite healthy, and valves normal. Left lung slightly adherent at base, and between one and two ounces of fluid in the pleura. Some congestion at base, but pieces float. The right pleura contained also a little fluid, and there was slight congestion at base. Liver natural in size and on section. On exposing and raising the bowels, a large diffuse abscess was found extending from the base of the left kidney, permeating the left psoas and passing into the internal iliac muscle. The pus was of curdy character. There were numerous small multiple abscesses in both kidneys, especially the left; capsules of the kidneys were non-adherent. On raising the psoas muscle, part of the iliac bone was found bare. After a careful and prolonged search, the bullet was found completely embedded in the twelfth dorsal vertebra, and to such an extent had the bone been penetrated that the base of the bullet did not project at all. Its situation seemed to be anterior to the transverse process. The cord appeared to be pressed upon, though not penetrated by the foreign body. Small spiculæ of bone and pieces of cloth, which had been driven in, were afterwards detached. To the naked eye there was no apparent change in the appearance of the cord or its membranes.

Bournemouth.

A TABULAR STATEMENT OF SIXTY-FOUR CASES OF ABDOMINAL SECTION,

INCLUDING FORTY-FIVE COMPLETED OVARIOTOMIES; WITH REMARKS.

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(*Concluded from page 209.*)

In all my fatal cases of completed ovariotomy it is probable that septicæmia was the immediate cause of death. But in one case, that of a young woman of twenty-two, the pericardium was found universally adherent from old inflammation; and in another, that of a patient of sixty-four, there was mitral disease of old standing. How far these conditions contributed to the fatal result I am not prepared to say. In four of the fatal cases the disease proved to be of a malignant character. Three of these were examples of sarcoma. In the fourth the patient had been tapped no fewer than nine times, and probably, as a consequence of the escape on some of these occasions of the contents of the cyst into the peritoneal cavity, the peritoneum had become the seat of a vast mass of soft, semi-transparent, proliferating tissue, filling up the pelvis and embedding within it the ovaries, both of which were cystic.

With regard to the condition of the second ovary, my experience has been, I believe, somewhat exceptional. Certainly, the proportion of cases, in which there was sufficiently marked disease of the second ovary to necessitate its removal, has been greater in my practice than in that of my colleagues at St. Mary's. Of the forty-five cases in the table, the condition of the other ovary in seven cases is not recorded; in sixteen it was either normal or simply atrophic, and was left undisturbed; while in twenty-two it was removed. The reasons for removal were as follows: in fourteen cases the organ was more or less enlarged and cystic; in one it was enlarged and indurated; in two the second ovary was normal, but was removed on account of a broad ligament cyst in close contiguity with the ovary; in one case there was an ordinary cystoma of one ovary and a dermoid cyst of the other; and in four cases both ovaries were the seat of advanced cystic sarcoma. In all the cases in which the second ovary was removed the indications for that step were clearly defined, and my colleagues fully concurred in its desirability.

On three occasions I have operated on pregnant women. In one of these cases gestation had advanced to five months. Convalescence progressed normally until the ninth day, when uterine contractions commenced, and the patient aborted without any ill result. In the other two cases, the patients had only advanced two months in pregnancy. One of these recovered very favourably from the operation, and went home, but fifteen weeks after the operation she miscarried, the age of the fœtus being apparently about five months. The third patient was operated upon last September. She made an excellent recovery, without interruption to her pregnancy.

When alluding to the condition of the second ovary, I stated that in four of my patients both ovaries were affected with cystic sarcoma. Two of these patients died in consequence of the operation; the other two recovered rapidly from the operation, but died within three or four months from recurrence of the disease within the abdomen. As I have said elsewhere, the surgical treatment of sarcoma seems utterly hopeless. One patient, in whom the growth had all the appearance of malignancy, completely falsified the forebodings, in which, I believe, everyone who witnessed the operation was a sharer. The case (No. 36 in the table) was that of a girl of twenty-two years, in whom a large abdominal tumour had formed with suspicious rapidity. The growth was semi-solid in its consistence. It had been punctured a few days before I saw it by means of a small trocar, but no fluid had escaped. On opening the abdomen the case looked desperate. The tumour was a large, thin-walled, multilocular cystoma, with intimate adhesions to the parietes, omentum, and intestine. The gelatinous contents had, to a certain extent, escaped through the aperture made by the trocar into the peritoneal cavity. The omentum was greatly thickened, and the peritoneum was studded with soft papillomatous growths. The wall of the tumour was so thin that it gave way wherever there were adhesions to be separated, and it was impossible to prevent the contents escaping in all directions into the peritoneal cavity. I feared that I should be unable to complete the operation. In any case, it seemed unlikely that the patient could recover, and even if she did, the character of the growth led one to fear a speedy return of the disease. With much difficulty I succeeded in removing the tumour, cleansed the peritoneal cavity as well as I could, put in a glass drainage tube, and closed the wound. I told the friends what I conceived to be the nature of the case, and explained how it was scarcely possible to hope for ultimate recovery. To my utter surprise the patient got well without a bad symptom. The temperature on the evening of the day of operation was 100° F.; after that it never exceeded the normal. It is now twelve months since the operation, and the girl is at her work in perfect health.

I do not propose to speak further of individual cases; the main particulars of each will be found in the tables. There are some points, however, in regard to the operation and after-treatment, about which I shall probably be expected to say a few words.

Up to the end of 1886, I continued to use the carbolic acid spray in my operations. Personally, I have never seen it do harm, and as my cases seemed to me to do well in proportion as the details of the antiseptic method were rigidly adhered to, I hesitated to abandon any part of a system to which I owed so much. I do not consider the spray essential, and, indeed, I have since dispensed with it; nevertheless, it had its use, if only by being an emphatic reminder to everyone in the room that the case was being dealt with on antiseptic principles.

Of much more consequence than the spray is the thorough purification of the hands, sponges, and instruments. For the hands I now always employ a solution of corrosive sublimate (1 in 1000). For the sponges and instruments I use a solution of carbolic acid, of the strength, in the former case, of one part in forty, in the latter of one part in twenty.

In every case in which there is reason to anticipate oozing from the site of adhesions or any accumulation of fluid in the peritoneal cavity, from whatever source, I use the glass drainage tube. In simple cases I prefer to do without it, because I can then leave the dressings undisturbed for several days—a point, in my opinion, of no little importance. It will be found, on reference to the table, that the drainage

tube was used in twenty-two out of the thirty-seven cases operated upon during the last seven years. That the fifteen cases in which no drainage was employed all recovered, while of the twenty-two in which it was used five died, affords no argument against the value of drainage, as it was only used in the more serious cases.

Both for tying the pedicle and for the deep sutures, I use carbolised silk. Where superficial sutures are required, I prefer silkworm gut, which I have found absolutely unirritating, and which I should use for the deeper sutures as well if it were not quite so fine. The dressings I usually employ are pads of sublimate wood wool enclosed in gauze; over these I place a thick layer of cotton wool, retaining the whole in position by means of a many-tailed flannel bandage. Where no drainage tube is used, I leave the dressings undisturbed usually until the sixth day, when I remove the deep sutures.

The nineteen cases of abdominal section in the second table require for the most part but few words of comment. Already, allusion has been made incidentally to the first four on the list, and they need not now be further referred to. The two nephrectomies, and the case (the first on record) of the removal of an impacted calculus from the lower end of the ureter, have been published in detail in various journals and Transactions. So also has case No. 5, where a large quantity of pus had accumulated between the layers of the abdominal wall from the bursting of an ovarian abscess. The Cæsarean operation (No. 19) is merely included here because it comes technically under the head of abdominal section. The case will be fully reported elsewhere. Of the rest, three (Nos. 6, 9, and 18), were cases of exploratory incision for abdominal tumour, where the nature of the swelling was doubtful. Two of these turned out to be uterine myomata. The third was a case of malignant disease of the liver and peritoneum, with ascites, where the diagnosis had been obscured by the matting together of the intestines against the posterior abdominal wall. In none of these was anything done beyond establishing the diagnosis, and removing ascitic fluid where present. The abdominal wound healed well in each case, and the patients were no worse for the operation.

In two cases of uterine myomata I have felt justified, owing to the excessive and uncontrollable hæmorrhage, in undertaking the operation for the removal of the uterine appendages. In case No. 14 the operation was a complete success. Although a slight metrostaxis continued for some months, there has been no hæmorrhage of any consequence since the operation. The tumour has decidedly shrunk in all its dimensions, and has become softer. The patient has recovered from her anæmia, and to a great extent regained her usual health. In the second case the operation was not completed. On opening the abdomen the contents of the pelvis were found to be so matted together from old peritonitis that the tubes and ovaries could neither be seen nor felt. I thereupon closed the wound before any mischief had been done. A case may be bad enough to justify a comparatively simple operation, such as removal of the healthy or non-adherent appendages, and yet may not be bad enough to justify an operation involving greater risk, such as removal of the appendages when they are firmly adherent to other viscera, and so distorted and displaced as to be even recognised with difficulty. The patient in question recovered from the operation, and, owing no doubt to the rest and care, left the hospital with her symptoms relieved and her general health much improved.

Five of the remaining cases form a group in which the abdomen was opened, not on account of the presence of an abdominal tumour, but of intra-pelvic disease of a chronic and more or less obscure character. In a paper read before the Lancashire and Cheshire branch of the British Medical Association, and published in the *British Medical Journal* of Jan. 30th, 1886, I formulated certain conditions which, in my opinion, justify exploration in these cases. They are briefly as follows:—(1) That there shall be present physical signs of actual disease, in the form of one or more circumscribed intra-pelvic swellings, which appear not to spring directly from the uterus; (2) that there shall exist persistent pain, which rest and other simple methods of treatment have failed to relieve, and sufficiently severe in character to disable the patient from following the ordinary occupation of her life; and (3) that the patient and her friends shall be made acquainted with the nature of the operation, and shall be willing to accept the risk. These conditions were, I believe, fulfilled in all five of my cases. Two of them (Nos. 11 and 12) were published in detail in the paper just referred to; in both, the patients made excellent recoveries. In the case marked No. 8 in the table, there was a solid immovable tumour in Douglas's pouch, pushing the uterus upwards and forwards so as to interfere with the functions of the bladder. I thought I could move the uterus independently of the tumour. It turned out that in this I was mistaken. The tumour was a subperitoneal myoma springing by a short pedicle from the posterior wall of the uterus, and incarcerated in the pelvis. It was extricated with some difficulty and removed, the stump of the pedicle being secured outside the wound by means of a Kœberlé's serre-nœud. The patient unfortunately died of septicæmia on the third day. I now think it would have been better practice to have contented myself with liberating the tumour from its position without removing it. Nothing is easier than to be wise after the event.

The next case (No. 13) was that of a patient who had for some years been worn out and almost entirely disabled by chronic pelvic peritonitis. There was a distinct tumour to be felt in the neighbourhood of the broad ligament, and the patient was eager for an operation. The risk was fully explained to her, and she deliberately accepted it. The contents of the pelvis were much matted, the right tube was distended with serum, and there were three cysts in the broad ligament. The cysts and the diseased tube were removed, and many of the adhesions separated. A fresh attack of peritonitis unfortunately supervened, and the patient died on the third day. I was greatly distressed at the loss of this case, as the patient had acted for several years as caretaker at my consulting-rooms, and was a most worthy, loyal, and devoted servant. Nevertheless, while I deplore the result of the operation, I cannot reproach myself for having undertaken it. The fifth and last case (No. 16) was somewhat similar in its character; happily, however, it was more successful. There was a history of long disablement from chronic pelvic peritonitis, and a small fixed intra-pelvic tumour could be felt to the right of the uterus. On opening the abdomen, the uterine appendages were found universally adherent. Both tubes were enormously thickened from chronic inflammation, and contained in their walls several cysts. The right ovary was enlarged and contained many cysts, the largest of which was filled with pus. I removed both ovaries and both tubes, and the patient is now strong and well. This was a typical case for exploratory operation; one cannot conceive that any other mode of treatment, however long continued, could possibly have been of any avail.

The work, of which I have here rendered an account, has for many years been one of the great interests of my life. It is therefore not surprising that I should feel tempted to refer to some other lessons I have learned from it; but I must refrain. I cannot conclude these remarks, however, without gratefully acknowledging the friendly help and counsel I have at all times received from my colleagues at St. Mary's Hospital, and especially from my senior colleague, Dr. Lloyd Roberts. It has been my good fortune to assist him in a large number of his operations, both public and private, as well as to have the advantage of his assistance in many of my own operations. But while each has thus benefited by the experience of the other, the fact that Dr. Roberts had already won a reputation as an ovariotomist when I undertook my first case makes me, in this respect, by far the greater debtor. I am much indebted, too, to the three gentlemen who have successively held the post of house surgeon at the hospital during the last nine years (Dr. Walter, Mr. Winterbottom, and Dr. Donald), for the careful manner in which my cases have been recorded, and particularly to our present house surgeon, Dr. Donald, for his help in preparing the tables. A word of acknowledgment is also due to the nurses, whose devotion to these operation cases is beyond all praise.

Some portions of the retrospect I have here laid before the profession amount to a confession of failure; other portions, fortunately, are a record of success. Had it not been so, it is just possible (such is the weakness of human nature) that not even the sense of responsibility, of which I spoke at the outset, would have sufficed to draw from me the story of my early failures.

THE anniversary dinner of St. Bartholomew's Hospital was held on the 27th ult., the treasurer, Sir Sydney H. Waterlow, Bart., presiding.

TWO KNEE CASES.

SERIOUS INJURY TO JOINT WITH IDIOPATHIC EROSION OF CARTILAGES; REPEATED ASPIRATION; RECOVERY. FRACTURE OF PATELLA, TREATED BY SILVER LIGATURE; RECOVERY.

BY LEIGHTON KESTEVEN, M.R.C.S.

CASE 1.—At the Brisbane racecourse on Nov. 10th, 1883, J. W——, squatter, riding his own horse in a Corinthian race, having the inside running, at the turn for home in a hot finish brought his knee in contact with the distance post. So great was the concussion that the post—which was six inches in diameter—was snapped off at the ground. His leg was thrown backwards over the horse's rump, and he was nearly unseated, but managed to recover and get his leg over again, and rode in fourth or fifth at the winning-post. He was lifted off his horse and taken to the jockeys' room, where I saw him within five minutes of the accident. The leg was very much swollen, and the knee appeared to have received serious injury. He was at once conveyed into town and I attended him at his hotel. On examination I came to the conclusion that there was no fracture, nor any extensive laceration of the ligaments; but that the synovial membrane was lacerated, and most probably the semilunar cartilages displaced, as he was in extreme pain, and the joint was evidently filling fast with fluid. Three hours later the knee was greatly distended, the synovial sac bulging on each side above the patella, and the patella floating. On pressing it down on to the condyles (which, owing to the great distension could with difficulty be done) a grating sensation was communicated of rough surfaces, indicating that the forcible impact of the patella on the condyles had denuded the apposed surfaces of both of some amount of their cartilage. The calf of the leg was bruised from the knee to the ankle, and distended with effused blood; cold cloths and ice were applied, and morphia administered hypodermically and by mouth.

Next day (11th), under chloroform, I opened the calf of the leg (using eucalyptus spray) by an incision four inches in length, and removed about ten ounces of clotted blood from a hæmatoma formed by the sheathes of the muscles, washed out the wound with ice-cold carbolic lotion, stitched it up, covered it with boric lint, and bandaged as tightly as I thought safe. I then aspirated the knee joint, and removed twelve ounces of what appeared to be almost pure blood, giving great and immediate relief to the patient. The leg was then put up on pillows, steadied with sandbags, and cold irrigation applied to the knee. The fluid drawn off on being examined under the microscope proved to be nearly pure blood, and contained tesselated epithelium and cartilage cells. It clotted shortly after exposure to air. The general constitutional disturbance was severe; he had passed a very bad night, and had been awakened each time he dozed off by jumping pains in the knee. The grating could be very easily felt on rolling the patella on the condyles after the fluid had been removed. The temperature was 104°F.; pulse 120; skin hot and dry. A mixture was ordered of opium, aconite, and acetate of ammonia in camphor water. A medical man called in consultation by the patient's friends considered the injuries too severe to admit of saving the leg, and recommended immediate amputation.

13th.—Two other medical men, in consultation, in view of the palpably serious nature of the injury to the cartilage of the joint, recommended that the leg should be put on a long splint, to obtain ankylosis of the knee joint, as the only means of saving the leg. This advice I declined to act on, and, taking the responsibility myself, I put it on a McIntyre's splint, flexed, and applied ice-bags to the joint, slightly altering the angle—i.e., increasing or diminishing the flexion—three or four times daily. The pain is very severe, especially the spasms at night, and the joint very tender on pressure. Temperature 103·4°; pulse 110. Not much pain in calf, which has not been disturbed.

14th.—The knee appears as much distended as on the 11th. Pain intense; temperature 103°. Aspirated, removing thirteen ounces of dark-red fluid, which examination shows to be sero-sanguineous with tesselated epithelium, but no trace of pus corpuscles. Great relief of pain.

15th.—Temperature 102·5°; pulse 96. Passed a better night and had about five hours' sleeep.

18th.—Had a severe rigor this morning; and though the knee was not so distended or painful and the temperature was not raised, I considered it advisable to aspirate for diagnostic purposes, and drew off eight ounces of fluid, red, but lighter than the last. No trace of pus; fewer epithelia. Carbonate of ammonia, iodide of potassium, and bark ordered, and six ounces of whisky daily.

22nd.—Temperature 99°; pulse 80. Very little fluid accumulating. Wound in calf undressed, first time since the operation; quite healed by first intention.

25th.—Increase of pain in knee: passed a bad night, with jumping pain. Temperature 102°; pulse 100 and rather hard. Patient flushed and irritable. Aspirated, getting only two ounces of clear, serous fluid; no pus cells. Extract of belladonna ordered to knee. Previous mixture repeated.

26th.—Temperature 99·8°; pulse 92. Flushing and irritability disappeared. Pain much less.

Dec. 2nd.—Temperature and pulse normal. Applied oleate of mercury to knee. Grating sensation plain. Carbonate of ammonia and iodide mixture reordered.

12th.—Very much improved in general health, appetite good, and bowels regular. Very little tenderness on pressure on knee. Grating still perceptible, but less; no jumping pain, only aches slightly at night. Joint painted daily with tincture of iodine.

25th.—Convalescing rapidly. Pain quite gone. No swelling or signs of effusion, but tenderness on putting foot to ground. Grating almost inaudible. Splint taken off, and the leg put into Sayre's plaster-of-Paris bandages from hip to ankle.

30th.—Left for home. In plaster-of-Paris, and on crutches. Very little tenderness on standing; no grating perceptible.

He had the bandages off a fortnight after this, and was getting about freely a month afterwards. No stiffness was left in the knee, and he says that that leg is as sound and reliable as the other.

Remarks.—In summarising the points of this case I would give the reasons of my diagnosis and treatment. The hæmorrhage into the joint might have proceeded from lacerations of the capsular ligaments, but from the tension, the peculiar defined shape of the swelling, and the constant presence of tesselated epithelium and cartilage cells, I felt justified in locating its origin principally, if not entirely, in the erosion of cartilage and synovial membrance from the surfaces of the patella and condyles in contact. Besides which the grating was of too distinct a nature to be mistaken for anything but denuded bone, and too early a symptom to be taken for the crackling caused by organised bands of adhesions. The spasm and jumping pain during sleep are diagnostic of erosion or disintegration of cartilage, and the heat and tenderness of the joint and agony on movement of synovial mischief. The effusion being traumatic and so rapid and the pain of distension so great, I felt that early aspiration with careful antisepsis was indicated as imperative: first, for the relief of pain, and, secondly, for the removal of what was evidently effused blood; and to the success in obtaining those objects, by relieving the pressure on the synovial membrane and removing a possible source of decomposition, I attribute the obviation of suppuration. The value of the microscopic examination of the effused fluid as a means of diagnosis and guide to treatment was most apparent, and enabled me to watch the processes going on inside the joint as plainly as if I had been able to see into it. The appearance of the leg the day after the accident was seemingly hopeless—cut, bruised, and black from the thigh to the ankle,—and yet by the aid of the microscope I was able to make a favourable prognosis from the beginning, and act on it, to the result of saving a joint which might have been sacrificed to expediency. My reasons for declining to adopt the suggestion of the straight splint to procure a stiff knee were the excellent general health of the patient and the continued absence of pus in the effused fluid. I therefore ordered the limb to be moved at intervals on the splint from the first to prevent the organisation of the effused fluid into fibrous adhesions, the position of flexion being adopted as affording the maximum amount of relaxation of the joint.

In a similar case, if of an asthenic type and ill-nourished, it might be necessary to obtain ankylosis to obviate further mischief in the joint; but I very much doubt if there are many cases so asthenic that careful nursing and nutrition would not pull through any such risks. With means of diagnosis so simple and practicable, if utilised with due care and precaution and in time, many a joint might be saved that is at present sacrificed to the plan of treatment by immobility.

CASE 2.—On the railway, near Brisbane, on Nov. 20th, 1884, J. R——, aged twenty-four, signalman, slipped on the metals, and fell on his knee, fracturing his left patella. His right foot was a club-foot (talipes equinus) and very weak.

I had therefore no hesitation, in view of the very unreliable knee joint which a ligamentous union of the patella would give him (he being dependent on his own exertions for a livelihood), in deciding to ligature the fragments with silver wire. This I did on November 29th, under the eucalyptus spray. The bone drill snapped in one of the fragments, and I had hard work to get it out again. I hammered the ends of the wire into the patella. After ligaturing, the wound was stitched up, covered with a good pad of dry boric lint and oil silk, and bandaged. No drainage tube was put in. The temperature the following day was 99·5°F., and normal the day after, and continued so to the end. The wound was not undressed until Dec. 21st, twenty-two days after the operation, when the wound was found to be healed by first intention. Plaster-of-Paris bandages were then put on, and retained for three weeks. When removed, perfect union of the patella had taken place, and his leg was quite sound. Some day I think of taking the wire out or nipping the end off it, as it irritates the skin over it.

Remarks.—This case is useful—1st, as showing the great benefits this operation confers, compared to the old plan of ligamentous union. With a weak foot on one leg and an unreliable knee on the other, this man would have been incapable of earning his living; 2nd, as another added to the long list of successful ligatures of the patella for simple fracture. I was induced to send these two cases to you by the interesting nature of the "Occasional Records in the Science and Practice of Surgery," contributed to THE LANCET by Mr. Oliver Pemberton. The details of cases outside of hospital practice, treated by the operator himself throughout, with his reasons for such, may often very well be more interesting than the set notes by the surgical registrar or house-surgeon of another man's case.

Brisbane, Queensland.

OSSEOUS UNION OF INTRA-CAPSULAR FRACTURE OF THE FEMUR.

BY THOMAS F. RAVEN, L.R.C.P. &c.

A WOMAN, aged sixty-nine, slipped and fell, and on examination presented the usual symptoms of fracture of the neck of the femur, without impaction. She was treated with a long splint, and no extension was made. Her recovery was so rapid and she walked so well subsequently, although with a shortened limb, that I was inclined to doubt the accuracy of my diagnosis, and to suspect that the fracture had occurred high up in the shaft. A short time ago she died, at the age of seventy-six, and I was enabled to secure the upper portion of each femur. The accompanying sketches, made with artistic fidelity by Mr. Arthur Trower, M.R.C.S., show how close to the head of the bone the fracture really was, and give a good idea of its complete bony union, and also of the contrast between the injured and uninjured bones, both in regard to the fracture itself and the resulting osteo-arthritis.

Sir James Paget tells me, after an inspection of the bones, that he does not remember to have seen so thorough a repair of this kind of fracture, and by his advice I have presented the specimens to the Royal College of Surgeons, where they will be found in the Pathological Museum.

Broadstairs.

Anterior Aspect.

Right. Left.

Bones removed from a woman, aged seventy-six years, who sustained a fracture of the neck of the left femur seven years previous to her death. The sketch shows strong bony union and erosions of the head of the bone from arthritis.

Sections.

Right. Left

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

TWO CASES OF FRACTURE OF THE SPINE WITH DISPLACEMENT: IN ONE, DEATH AFTER RECURRENT ATTACKS OF ERYSIPELAS; IN THE OTHER, RECOVERY AFTER EXTENSION UNDER ANÆSTHETIC.

(Under the care of Mr. MORRANT BAKER.)

THESE two cases of fracture and displacement of the spine are of much interest. The first, in which there was fracture of the seventh cervical and first dorsal, with displacement of the cervical vertebræ forwards, is remarkable for the length of time that intervened between the infliction of the injury and the death of the patient. It is also interesting from the various morbid conditions which followed in the parts supplied by the cord below the damage. The second is an example of the value of extension when judiciously applied to displacements in the lumbar region, and somewhat resembles a case reported in THE LANCET (vol. ii. 1885, p. 114), where recovery followed the reduction of a displacement of the third lumbar vertebra. For the notes of the cases we are indebted to Mr. R. J. Reece, house surgeon.

CASE 1.—On June 17th, 1886, A. P——, aged eighteen, fell down a lift, a distance of forty feet. He was picked up and brought to the hospital, and admitted. It was found that he had sustained a fracture between the upper third and lower two-thirds of the left femur. He complained of no pain in the leg during manipulation, but of intense pain in his back and shoulders. He had a fracture of the spine about the first dorsal vertebra. Sensation in the hands and arms was retained, but there was loss of power. There was total loss of sensation below a line drawn transversely just below the nipples, the breathing being entirely diaphragmatic. Only very slight extension was required to bring the fractured femur into position, and it was not put up in splints, but kept in position with sand-bags.

June 20th.—The patient has vomited for the last day, but slept well last night, and takes large quantities of milk, with a little lime water. On examination it is observed that he has no power or sensation downwards from a line drawn round his chest three inches above the nipples, whereas on admission this line was situated half an inch below the nipples. The loss of power complained of in his arms and hands has increased, but sensation remains. Priapism, which all through has been very marked, being increased considerably on the passage of a catheter—so much so, that a soft one was only passed with much difficulty,—is now present to a much more limited extent. Over the buttocks the skin is reddened, and threatens to break down, between the nates two large blebs being seen; glycerine and starch powder were applied. The left heel is also reddened; a circular cushion with a hole in the centre was placed under it, and under the nates.

The patient was placed upon a water-bed and the urine drawn off twice daily, the bladder washed out with Condy's fluid, and an ounce of solution containing one grain of sulphate of quinine injected and left in. Bowels open involuntarily. On inspiration chiefly, but also during expiration, from three to five spasmodic contractions of the muscles under the chin occur. Inspiration, as before, is entirely diaphragmatic, the chest walls falling in instead of expanding. He is able to cough slightly. There is apparently no dimness of vision; he can read a text on the opposite wall. Urine: sp. gr. 1010; acid; one-twentieth albumen; mucus.

June 28th.—Incontinence of urine setting in. Urine becoming offiensive; sp. gr. 1008; trace of albumen; no sugar. Complains of pain in back and neck. Relieved by an ointment of cocaine, 5 per cent. in lard. Takes food well. Much thirst. Bowels open freely.

July 2nd.—Has a bedsore on the right elbow. Urine not so offensive as before; neutral; no sugar or pus-corpuscles.

19th.—Two or three small sores forming on buttocks.

25th.—Bedsores over posterior superior angles of ilia, the sacrum, and spines of scapulæ. They are painted with collodion. Appetite not so good.

Aug. 2nd.—Condition much better. Urine no longer offensive. Only one bedsore over left elbow, which is dressed with zinc lotion. Patient can move his arms better. Temperature, which has been raised sometimes to 102°, is now 98°.

23rd.—A bedsore forming over left heel. There appears to be firm union of the fractured femur.

26th.—Electrical examination: No line of hyperæsthesia; in the right arm electro-sensibility impaired. In the extensor muscles of the forearm A.C.C. > C.C.C. In the flexors and interossei and abductor indicis the reaction is normal. All the muscles except the hypothenar react to faradism. In the left arm the same conditions hold, but the hypothenar muscles contract to faradism, and there is no galvanic reaction in the interossei.

Sept. 9th.—Some facial neuralgia.

27th.—General condition much the same. Appetite good. Feels comfortable. Can raise his body from the bed on his elbows; no power over abdominal muscles. Sensation accurate over second rib, indistinct over third, lost below that. There is considerable wasting of muscles of forearm and hand. The fractured femur has united, but there are two inches of shortening. Under the microscope the urine contained no pus-phosphates. Bladder treated as before.

Oct. 5th.—After the bladder is washed out, patient sweats profusely over his face, neck, and arms.

28th.—After his tea (5.30 P.M.) patient vomited. Temperature, taken at once, 103°. During the evening nausea continued, and at 8 P.M. the temperature was 105°. The patient has some expectoration of frothy mucus, not more than usual. Urine as usual. No fresh bedsores. Pulse 142; respiration 32. Sweating profusely. Complains of pain in the head.

29th.—Erysipelas spreading rapidly from sore on left heel, reaching the knee by midnight. Enlarged glands in left groin, with inflamed skin over them. Vomited. Some convulsive twitching of arms. Delirious. Temperature 105°.

30th.—Blush not advancing. Temperature 102·4°.

Nov. 1st.—In the right leg there is no ankle clonus, patellar or cremasteric reflex. The left leg not tried, but no superficial reflexes on the left side. Diarrhœa. Temperature 103°. Urine alkaline; no albumen or sugar. The patient suffers much from nausea and vomiting. Abdomen distended over region of stomach. Œsophageal tube passed, a great quantity of gas escaping from the stomach, after which the patient was more comfortable and vomiting ceased. A bedsore forming on right thigh.

8th.—Respiration 28. Nausea. Desire to expectorate, but inability to do so. A fresh attack of erysipelas spreading from glands in groin.

10th.—Temperature normal. A fresh ulcer commencing on dorsum of left foot.

16th.—Two fresh ulcers forming on left foot. The patient complains of toothache.

17th.—Rigor. Temperature 104·2°. Vomited four or five times.

20th.—Temperature has been high since the 17th, once reaching 105·6°; to-day normal. Vomiting, which has been continuous notwithstanding the means taken to check it, is not so constant. There has been a blush on outer side of left thigh.

26th.—General condition much better.

Dec. 1st.—Patient carefully examined to-day. When the soles of the feet were tickled there were distinct contractions of the toes on the right foot, the outer toes twitching most; on the left the twitching was most marked in the big toe. There was no clonus of the ankle joint on either side. The patellar reflex on both sides was absent, nor was there any pectoral reflex. Sensation remains much the same, lower border of the second rib. While being dressed patient complains of severe itching sensation over the upper part of his chest (limited in area below by the lower border of the second rib) and neck. This he has always complained of, but for the last week or so it seems to be more intense. He describes it as if needles were running into him. On these occasions he perspires very profusely all over his face, neck, shoulders, and arms. The portion of his chest just below the line of sensation is also

covered with perspiration. This extends three or four inches down his chest, gradually dying away. His neck and the upper part of his chest, too, are at the same time covered with a bright red rash, and sometimes, slightly, the face. This rarely extends to the arms. To-day the rash not only covered the area of sensation, but extended all over the front and sides of the thorax, dying away over the abdomen. The pricking sensation passes away very quickly after the bladder is washed out, rarely lasting more than five or six minutes after the operation. The rash remains longer, gradually fading away in from a quarter to half an hour. The patient states that he sometimes suffers in this way, even when he is not dressed, or without any other known cause. On some days, except after dressing, he is free from it, while on others he has it two or three times during the course of the day, and also at nights. The left heel and foot are still ulcerated.

7th.—Bedsores increasing in size; still occasional vomiting and mucous expectoration.

13th.—Patient has increasing distress owing to inability to expectorate, the cough being extremely feeble. Sores all healing.

23rd.—Fresh bedsore over left buttock; iodoform used.

24th—Patient delirious for twenty-four hours, calling out loudly at night. Iodoform discontinued and sores poulticed.

Jan. 5th.—Abscess forming in left thigh; sores on right heel closed, but there is still one on the dorsum of the left foot.

7th.—An abscess of the left thigh burst, about two pints of rather fetid pus escaping.

17th.—The terminal phalanges of the little and ring fingers of right hand are necrosing. The nails are blackened and misshapen; beyond and towards the hand the skin is tense, red, and angry as far as the terminal phalanx. The abscess in left thigh discharges less and is much less offensive. All sores doing well. Much difficulty in breathing, and occasional twitching of muscles about neck and face.

19th.—Complains of toothache; tooth extracted without much pain; immediately after an ounce of brandy had been administered the toothache ceased.

20th.—The tongue is ulcerated and swollen. The whole of the bed is shaken by the attempts of the patient to breathe.

22nd.—A fresh attack of erysipelas broke out in the right leg, and he died on the 26th.

At the post-mortem examination, held twenty-five hours after death, the articular processes of the seventh cervical and first dorsal vertebræ were found to have been fractured, and the cervical vertebræ had been displaced forwards. Opposite the seat of displacement the spinal cord had been crushed within the dura mater.

CASE 2.—J. H——, aged twenty-eight, a ship's steward, was admitted on Nov. 22nd, 1886, under the care of Mr. Morrant Baker, suffering from a fracture and dislocation of the spine. The patient, from the age of fifteen, has been subject to epileptic fits, and whilst about to enter a train at a railway station he was seized with a fit, and fell between the train and the platform. On regaining consciousness he found he had lost power in the left leg, and was brought to the hospital.

His condition on admission was as follows. At the junction of the twelfth dorsal and first lumbar vertebræ there was an obvious displacement—the lumbar vertebræ being depressed, leaving the dorsal prominent. There was entire loss of motion and impairment of sensation in the left leg. There was hyperæsthesia in the right leg, with acute pain over an area corresponding to the distribution of the twelfth dorsal nerve. There was no bruising over the seat of injury.

The patient was put under the influence of ether, and, under the superintendence of Mr. Bruce Clarke, extension was made from the arms above the head and the ankles, the patient lying on his left side. The bones were seen to go back into position, but the displacement returned when the tension was discontinued. Extension was again applied, and maintained while the patient was placed upon his back, the vertebræ this time remaining in position. While making the extension, crepitus was distinctly felt by the hand placed over the seat of fracture. An extension of 5 lb. was applied to each leg, counter-extension being obtained by raising the foot of the bed. There was no hyperæsthesia in the right leg when the patient had recovered from the anæsthetic, and there was less pain at the seat of fracture.

Nov. 23rd.—No urine has been voided since admission. A catheter was passed and twelve ounces of urine drawn off; sp. gr. 1020; acid; no albumen; bowels acting normally.

24th.—To prevent any displacement of the spine occurring during a fit, the man was put into a plaster-of-Paris jacket extending from the axilla to below the trochanters. The jacket was previously prepared, commencing with a many-tailed flannel bandage, followed by numerous strips of crinoline bandage soaked in a mixture of plaster-of-Paris and gum, and internally a thick layer of wool. The gum was used to prevent the case setting too quickly. The jacket was placed upon a second bed, to the foot of which the patient's bed being brought, he was carried over the head of his bed and laid upon the jacket and enveloped in it. Extension being maintained during the time. There has been great pain of a spasmodic character down the course of the great sciatic nerve, followed by involuntary expulsion of fæces. As the rectum was distended, enemata were administered with marked relief. The urine was drawn off daily and the bladder washed out with a solution of Condy's fluid and an ounce of a solution containing one grain of sulphate of quinine injected and left in. The urine only occasionally had an alkaline reaction, and once or twice contained pus. Fifteen grains of benzoate of ammonia were given three times a day.

25th.—Patient has sensation over the anterior crural nerve, but not over the external cutaneous of the left thigh.

27th.—He can move the ankle joint and foot, and localise sensation better.

Dec. 11th.—Plaster jacket removed, and a poroplastic jacket substituted. The extension was removed a few days ago from the right leg, and to day from the left.

24th.—All muscles react to both currents normally, but the extension of the foot and the peroneal muscles react rather less easily than in the right leg, and the electro-sensibility is impaired to a slight degree below the knee.

18th.—The patient got up. He has very little power over the left leg, no control over his sphincter ani, and still uses a catheter, although several attempts have been made to dispense with it.

Feb. 4th.—Electric reaction of muscles of legs normal; power returning over the rectum; perineum galvanised (+ electrode).

8th.—During an epileptic fit urine was voided spontaneously.

15th.—The patient left the hospital. He had control over his rectum, but still used a catheter; could walk easily and without pain. The bladder had not been washed out for a month, the urine remaining acid. He complains of pain on pressure over the seat of fracture, and the last dorsal vertebræ are slightly more prominent than natural. Temperature, pulse, and respiration remained normal throughout.

CUMBERLAND INFIRMARY.

PERITONEAL ABSCESS DISCHARGING THROUGH THE UMBILICUS.

(Under the care of Mr. H. A. LEDIARD.)

THIS case seems to merit a little attention, on account of the doubt that was reasonably felt in satisfactorily tracing the suppuration to its origin, and the necessity there is of reading it in connexion with others where purulent discharge from the umbilicus has existed, in order to arrive at a correct conclusion as to the pathology.

The child's age was ten, and she was first seen on Feb. 3rd, 1886, having been brought to the out-patient room, a long distance, by her mother. For six weeks there had been swelling and tenderness of the abdomen. Her appearance was suggestive of the end of an exhaustive fever, which had rendered her exceedingly thin, weak, and haggard, for she lay in her mother's lap like a rag.

On admission the child's temperature was 100°, but for the next six days it was subnormal. In addition to a swollen abdomen with distended veins, the umbilicus was converted into a red, tender protuberance the size of a walnut, which burst a week after admission, the temperature rising to 103°; the discharge was very foul, but entirely purulent, and continued for a very long while, so long that it was thought that it might be needful to explore the abdomen.

On Feb. 18th a drainage tube was put into the peritoneum through the umbilicus, and although the temperature rose to 102° or 103° each night, the child began to improve. Examination of the abdomen suggested tubercular peritonitis to some who saw her in the ward, and this seemed confirmed by the fact that there were some moist sounds

heard in the chest. Mr. Lediard did not share this view, for when the child was admitted he could not help thinking of typhoid fever, and was somewhat supported in his first impression of the fact that whenever a long probe was passed through the sinus it always found its way to the region of the cæcum or towards the right iliac fossa. Occasionally it was thought that fluctuation was present, and a certain amount of thickening within the abdomen; but there was never any definite tumour to be felt. Pus could generally be forced, on pressure, from the umbilicus, whilst the smell was something more than simply foul.

In spite of a night temperature constantly more or less high, and profuse discharge from the sinus, the child picked up; in spite, also, of an always loose condition of the bowels, there being frequently three motions a day. The drainage tube inserted was about four inches in length in order to assist drainage. The child was made to lie on the stomach, but the change in position was not attended by any marked improvement. Tedious as the closure of the sinus was, yet the child's returning colour and ravenous appetite afforded a satisfactory sign that she was on the right track. It was not, however, until July 23rd that she was discharged well, with a good covering of flesh and in excellent spirits.

No good account of the child prior to admission was ever obtained, but what there was is consistent with typhoid fever. The record is epitomised as much as possible, but the temperature chart tells a great deal. Thus, on Feb. 27th and 28th the evening rise was 104°; on March 11th, 12th, and 13th it was 102°; on March 24th and 25th and April 5th it was 104°; the morning temperature being invariably subnormal or normal. In June lower variations were present, and towards the end of July the feverish symptoms had gone.

Remarks by Mr. LEDIARD.—Although the sequence of events cannot be considered as proved, I am of opinion that the child had typhoid fever, with ulceration of the bowel, perforation, and an intra-peritoneal abscess, which discharged itself through the umbilicus. The chest symptoms passed away very early, so that tubercular disease was eliminated from consideration. I heard during June of this year—that is, about a year since the child was last seen—that she was well and attending school. In looking for references to umbilical fistulæ, I find that Mr. Erichsen (8th ed., vol. ii., p. 857) states that they arise from perforation of the small intestine by chronic ulceration, usually tubercular, with the formation of a circumscribed abscess amongst the coils of the intestine, finally discharging at the umbilicus; but he makes no allusion to typhoid fever. West (5th ed., p. 117) mentions a case where from a quarter to half a pint of sero-purulent fluid escaped daily from the umbilicus of a child eight months old, the cause being peritonitis; also another case of acute peritonitis, where a puncture of a prominent umbilicus was followed by the discharge of forty-eight ounces of pus. Hilton Fagge (vol. ii., p. 248) says: "In some of those rare cases of strumous peritonitis in which the abdomen becomes distended with pus, the umbilicus gives way and allows the fluid to escape." Amongst the complications of typhoid mentioned by Fagge is peritonitis, which generally depends on a perforation of the bowel or sloughing of a swollen mesenteric gland, and he further quotes cases going to show that pus in the abdominal cavity is known as a sequel of the peritonitis of typhoid, due to perforation, which pus makes its way externally or into the bowel; he does not allude to the umbilicus as a mode of exit. In vol. xvii. of the Transactions of the Clinical Society of London, three cases of peritoneal abscess in children are recorded by Dr. Goodhart. The first case was a girl of eleven, and the symptoms and progress of the case are very similar to mine. The discharge had, however, no special fetor. The origin of the discharge was due to typhoid fever. The other two cases were treated by incision. From these few references it is clear that discharge of pus from the umbilicus may be tubercular, but is not necessarily so, and that, in the absence of the evidence of tubercle, a typhoid lesion will account for some of the other cases where purulent peritonitis, in the form of a localised abscess, discharges either through the umbilicus or elsewhere. Where a clear history of typhoid is obtained there cannot be much doubt, or, again, where a child makes so excellent a recovery from a discharge which lasted for about five months, a recovery unlikely to be met with in tubercular disease. The dressing of the abdomen usually consisted of moistened moss pads, whilst the tube was retained until so short as to be thrust out of the sinus.

Reviews and Notices of Books.

An Introduction to the Study of Embryology. By ALFRED C. HADDON, M.A. Cantab., Professor of Zoology in the Royal College of Science, Dublin. With 190 Illustrations. Pp. 336. London: Charles Griffin. 1887.

THIS work is a condensation of our present knowledge of embryology intelligently arranged and well adapted for self-study, as the Germans express it. It is divided into eight chapters, which are thus occupied—1. The Maturation and Fertilisation of the Ovum. 2. Segmentation and Gastrulation. 3. Formation of the Mesoblast. 4. General Formation of the Body and Development of the Embryonic Appendages. 5. Organs derived from the Epiblast. 6. Organs derived from the Hypoblast. 7. Organs derived from the Mesoblast. 8. General Considerations. It is difficult, of course, rigidly to limit the description of the parts derived from the several layers of the blastoderm in compound organs—as, for example, in the case of the eye and ear; but upon the whole there is little overlapping, and these sense organs in particular are wholly given under the head of "Organs derived from the Epiblast." Mr. Haddon's qualifications for undertaking so important a work as the present are that he was engaged for a considerable period in working at development, especially of invertebrata, in Dohrn's Marine Biological Station at Naples, and has published one or two good memoirs on the subject. He has thrown himself thoroughly into his work, and seems to have exhausted all the literature of embryology since the date of Balfour's unfortunate death. Much interest is added to the details of development by suggestions as to the cause of the first appearance of the different organs. The reader will find remarkably good accounts of the different forms of placenta, of the development of the heart, and of the genito-urinary system, in which all recent work is included. We venture to give a short extract from the section on the placenta which will serve to show the mode in which Professor Haddon deals with his subject. After having described the allantois in the bird and the peculiarities of the chorion in the lower mammals, he goes on to say that the nature and position of the villi of the chorion vary considerably.

"The villi fit into depressions of crypts of the uterine wall, the conjoint structure being known as the placenta. The placenta of the Rodentia, Insectivora, and Chiroptera is usually dorsally situated and discoidal, as in the rabbit, and is coextensive with the area of contact between the allantois and the subzonal membrane. In these forms the yelk sac is in contact with the larger portion of the subzonal membrane. In Edentata the placenta may be discoidal (Loricata), or dome-shaped (Pilosa), or zonary (Tubuli-dentata)—that is, occupying a broad band round the chorion, leaving the ends free from villi, or diffuse (Squamata.) In the dog the large vascular yelk sac does not fuse with the subzonal membrane. The allantois first grows out on the dorsal side of the embryo, where, coalescing with the subzonal membrane, it forms (at first) a discoidal placenta. The villi soon extend, so as to form a zonary placenta. The zonary placenta is found in the carnivora, hyrax, and elephant. The extension of the placenta over the whole of the chorion results in what is termed a diffused placenta. This is characteristic of the Perissodactyla, the Simia, the Tragulina, the Tylopoda, the Sirenia, the Cetacea, and the Lemuroidea. The collection of the villi into groups constitutes what is known as a cotyledonary placenta. This variety is confined to the Pecora."

The mode of formation of the decidual and non-decidual placenta is then given, and finally an excellent *résumé* of the recent researches of Kupffer, Selenka, Hensen, Spee,

and Heape on the field mole, mouse, rat, guinea-pig, and mole. The illustrations are numerous and intelligible, and the work may be regarded as fairly representing the present state of embryological knowledge. It is handsomely got up, and has a very good index.

OUR LIBRARY TABLE.

On Holidays. By RODERICK MACLAREN, M.D. Edinburgh: Oliver and Boyd.—This is an address delivered by Dr. Maclaren in his capacity of president of the Carlisle Medical Society. The subject is one peculiarly *apropos* to the present season, and it is handled with the facility and force of an experienced traveller. Dr. Maclaren lays it down as an axiom that "a considerable amount of contrast to ordinary life is an essential condition of a successful holiday. I would have the man who lives at the seaside go to the hills, the town man go to the country, the country man to the town; the man who leads an active stirring life should loaf, the sedentary man go for a walking tour." This is in the main sound, but the contrasts between ordinary life and holiday time must not be too severe. The sedentary brain-worker, with soft muscles and weak heart, should not propose to himself a month of severe mountain climbing, or a prolonged walking tour at the rate of thirty miles per diem. There are few commoner errors than to imagine that severe physical exercise is a panacea for an overwrought brain. Dr. Maclaren thinks that of all forms of holiday the Swiss tour is the best for the Englishman, as the contrast of climate thus secured is great, and the scenery is of unsurpassed magnificance. He advises tourists to Switzerland to make for the characteristic feature of the country—the snow mountains and glaciers,—and thinks that the bulk of the holiday should be spent in this region. Much useful and trustworthy information is given regarding mountain-climbing and glacier-walking. The writer regards these pleasures, when wisely ordered, as almost free from serious risk. For men past their prime, whose livers and kidneys are no longer so active as formerly, Dr. Maclaren recommends a holiday at a German spa. He thinks the sea voyage presents exceptional advantages for "men under middle age who are somewhat run down by mental work and worry, who are not fit for, or in need of, much exercise; secondly, for spare old men who are bad sleepers and have healthy livers." The writer concludes with the description of a tour to Tangier, borrowed from the note-book of a relative. Dr. Maclaren's own experience is so considerable that such extraneous aid was hardly necessary, and it does not add to the value of his *brochure*.

Health Resorts at Home and Abroad. By M. CHARTERIS, M.D. Second Edition. Pp. 212. London: J. and A. Churchill. 1887.—This edition differs from the first chiefly in the addition of Malvern to the English, Royat to the French, and Wildbad to the German watering places described, an account of the American health resorts of Saratoga and Richfield Springs, and a useful table giving the comparative analyses of groups of springs. The alphabetical list of health resorts has been considerably extended, and rearranged according to the countries in which they are situated, but the information afforded respecting them is meagre. Dr. Steinschneider's excellent map is again issued with the book.

Vittel (Vosges, France): Medical, Picturesque, and Anecdotal. By PAUL RODET, M.D. Pp. 222. London: J. and A. Churchill. 1887.—The object of this book is to bring to notice the establishment of the mineral waters of Vittel. This is of very recent formation, having been erected only in 1880. The waters of the Grande Source closely resemble those of the Source du Pavillon at Contrexéville, differing chiefly in having a smaller proportion of salts of lime. They are stated to be found very useful in diseases of the urinary organs, gout, diseases of the liver, and constipation. The book, however, is not confined to a description of the spa, and of the cases in which it is likely to prove useful, but gives a good account of the Vosges and its people, with a considerable amount of information respecting the antiquities of the place, the customs and usages of former times, the manners and character of the people, their superstitions and prejudices. There is also a description of the principal places of interest within reach of Vittel, and the best means of visiting them. It will be found a useful guide to anyone visiting the picturesque scenery of that part of France. There are two good maps of the country round Vittel and Gérardmer. The chief defect in the book is the want of an index.

Schinznach in Switzerland; its Situation and Therapeutic Advantages. By Dr. DE ZYMOWSKI, Resident Physician. With a Preface by Dr. ARTHUR HASSALL.—The baths of Schinznach, once known as the baths of Hapsburg, are of ancient date. The spring which supplies them was discovered as far back as 1692. It is said to contain the largest amount of sulphuretted hydrogen of any waters, on the presence of which its curative properties mainly depend. The water as it issues from the spring has a temperature of 91·4° F. It is used principally in the forms of baths and inhalations, and to a less extent for drinking. The baths have recently undergone great enlargement and many improvements. The establishment, consisting of a series of pavilions, is very commodious and complete. Schinznach is situated between Basle and Zurich, on the river Aar, and in the midst of very pretty scenery. The *brochure* of Dr. de Zymowski is very carefully prepared, and is founded on a lengthened experience. In it every necessary detail in reference to the establishment itself and the maladies for which the water is successfully employed will be found.

The Journal of Physiology. Edited by MICHAEL FOSTER, Vol. 8, No. 2.—This part contains:—1. MacMunn: Further Observations on Myohæmatin and the Histohæmatins, with a plate. 2. W. Hale White: On the Histology and Function of the Mammalian Superior Cervical Ganglion, with a plate. 3. J. Rose Bradford: On the Physiological Action of Ulexin. 4. J. Bradford: On the Electrical Phenomena accompanying the Excitation of the so-called Secretory and Trophic Nerve Fibres in the Salivary Glands of the Dog and Cat. 5. W. B. Ransom: On the Influence of Glycerine on the Liver. Lastly, the Proceedings of the Physiological Society, Nos. 2, 3, and 4.

Ambulance Sermons: being a Series of Popular Essays on Medical and Allied Subjects. By J. A. AUSTIN, M.D. Pp. 384. London: Redway. 1887.—To call these ambulance sermons is a misnomer. They consist of a series of papers intended for the instruction of the general public, which appeared weekly in the columns of the *Norwood Review*. They might be described as popular papers on anatomy, physiology, pathology, the practice of medicine and surgery, and several other topics. They are written in a style which, we presume, takes well with the class for whom they are intended. We can but regret the publication of works of this description.

The Scottish Sportsman and Tourist. By ROBERT HALL, pp. 559. London: Simpkin, Marshall, and Co. 1887.—This work cannot fail to prove useful to tourists who desire to spend their holiday amidst the beautiful scenery of Scotland, and especially to those of them who are lovers of the gentle art. It gives a brief description of the different counties, arranged alphabetically, with the towns and villages in each, the lochs and rivers, and the shootings. After reading the description of several of the places with which we are well acquainted, we are of opinion that the work has been carefully compiled and the information it contains is to be relied on. There is an excellent map, which of itself is fully worth the price of the whole volume.

Analytical Records.

AERATED COCAINE WATER—A NON-ALCOHOLIC STIMULANT.

(SHILLINGFORD & CO., BICESTER BREWERY.)

THERE can be no doubt of the genuineness of this preparation, as the alkaloid can readily be separated by the ordinary method and its properties observed. A distinct paralysing action on the tongue was observed in the evaporated ethereal extract in addition to the bitter taste. Of course, the selection of the cocaine is the only difficulty in the manufacture, and this has evidently been effected with due care.

NATURAL KARLSBAD SPRUDEL SALT.

(PREPARED AND EVAPORATED FROM THE KARLSBAD WATER BY THE KARLSBAD MINERAL WATER COMPANY.)

Our analyses agree with those of the well-known Karlsbad water, except that we did not find lithium. We have, however, no reason to doubt that this is the genuine crystallised salt of the spring. The agents are Messrs. Ingram and Royle, 52, Farringdon-street, E.C.

SELLERS' AERATED SALINE APERIENT WATER.

(JOHN SELLERS, FARRINGDON-ROAD, LONDON.)

An artificial mineral water in which the characteristics of some of the well-known continental springs have been imitated successfully. Artificial mineral waters have at least one advantage over the natural ones, since it is easy to keep their composition absolutely constant, whereas some variation is apt to occur in the natural ones. The present preparation may certainly be described as a useful and safe aperient.

RUBINAT-CONDAL MINERAL WATER.

(J. W. VICKERS, NICHOLAS-LANE, LONDON.)

This very powerful aperient water is said to come from the Condal spring at Rubinat, Lérida, Spain. Its chief constituent is sulphate of sodium, but other sulphates and some chlorides are present, as well as a distinct trace of iron. The total solids were found by us to amount to 4175·5 grains per gallon, and a sample analysed by the Professor of Chemistry in the University of Barcelona contained no less than 7050·764 grains, a most unusually large quantity.

ANTI-RHEUMATIC MUSTARD OIL.

(MOSS, RIMMINGTON, & CO., SELBY.)

There can be no doubt that this preparation is what it is described to be, pure mustard oil, the true sulpho-cyanate of allyl. Gently heated, or distilled with water, the light ethereal oil known as crotonitril, which is always present in natural mustard oil, passes over, while the oil itself boils at 150°C. (312°F.) It can be applied easily by rubbing, and is a convenient and useful remedy.

BROMO-SODA.

(PREPARED BY W. R. WARNER & CO. AGENTS: F. NEWBERY & SONS, LONDON.)

This is an effervescing preparation of bromide of sodium and caffeine. Each is easily found by analysis, and the only novelty seems to be the use of the sodium instead of the potassium salt. The sodium compound does, in fact, agree better with some stomachs, and in some nervous affections the bromo-soda will be valuable.

COMPOUND SYRUP OF HYPOPHOSPHITES.

(LORIMER AND CO., HARGRAVE-PARK-ROAD, LONDON.)

This is a well-prepared mixture of various hypophosphites with minute quantities of quinine and strychnine. The constituents and the quantities of each present are very properly described upon the label, so that the physician will have no doubt as to what he is using. Our own analysis confirms the statement of the manufacturers in regard to every one of the constituents.

OVER-PRESSURE IN AUSTRIAN SCHOOLS.

THE Austrian Minister of Public Instruction has just issued a report, compiled at his special instance, on the "Ueberbürdung der Mittelschüler," or the over-pressure prevailing in intermediate schools. Dr. Joseph Heim leads off with a distinct admission that, except for pupils who are unusually favoured in mind and body, the Austrian system of middle-class education is chargeable with over-pressure and all its attendant evils. This state of things had long been suspected, and two years ago the Minister of Public Instruction subjected these schools to some wholesome reforms from the purely hygienic point of view, with the result of putting into more prominent relief the harm they do by mental overstrain. The working capacity of the young, it is found, has been greatly exaggerated, and to relieve the *courbature cérébrale* thereby induced, it proposed, among other innovations, to make a better division of the school holidays by giving never less than from twelve to fourteen days' respite from work at Christmas and at Easter. The curriculum of study is not blameworthy, but the method of study (according to the report) is particularly so; and practical reforms are suggested in diminishing or doing away with the abuse of written exercises and that of committing too much to memory. Dr. Heim concludes by suggesting the formation of a committee, to consist of schoolmasters and medical men, with a view to reforming the traditional modes of instruction and to consulting the physical not less than the mental growth of the young. His general report is then followed by four special ones, on which his conclusions are chiefly based. The first of these is by Dr. Adolf Löffler, who finds that the reformer must take special cognisance of the matter of instruction, and, for one thing, reduce its quantity; that a maximum of the hours of school attendance must be fixed; that home tasks must be regulated; and that a less exacting system of examinations must be devised. The second is by Dr. Hans Adler, who deals with the best mode of sparing the eyesight of the scholar. The third is by Dr. Leopold von Schrötter, who discusses the questions of physical development and ailments peculiar to the young; and the fourth and last is by Professor Theodor Meynert, who considers over-pressure in its effects on the nervous system and on the mind. This Austrian official document, in which schoolmaster and physician have worked harmoniously to ascertain the truth, and in which they give their conclusions with caution and calmness, should be welcomed by those among ourselves who are anxious that an all-important, while much agitated, subject should be approached in the spirit of science, correcting abuses where they exist, while withstanding all innovation conceived in panic and brought forth in imprudence.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE annual meeting of the Medico-Psychological Association was held at 11, Chandos-street, Cavendish-square, on Wednesday, July 27th, 1887, under the presidency of Dr. F. Needham. There was a numerous attendance of members. A vote of thanks was accorded to Dr. Savage, the retiring President. Dr. Clouston was elected President for the year 1887-8, and it was decided that the next annual meeting should be held in Edinburgh. The Association's certificate of competency in psychological medicine was stated to be now held by twenty-four gentlemen, who had satisfactorily passed the necessary examination, and the Association Prize and Medal were reported to have been awarded to Dr. Wiglesworth for his essay on Pachymeningitis. The Gaskell Prize (£30) has been awarded to Dr. Mortimer, of the Portsmouth Asylum. At the afternoon meeting Dr. Needham read his presidential address, which was followed by a long discussion on the subject of the new Lunacy Bill, in which discussion part was taken by Drs. Maudsley, Wood, Clouston, Rayner, Manning (of New South Wales), Urquhart, and Hack Tuke, and Mr. Clarke Bell, president of the Medico-Legal Society at New York. The members and visitors subsequently dined together at Greenwich. The following gentlemen passed the examination:—E. M. Thompson, M.D., Bellaghy, Castle Dawson, county Derry; W. Arnison Slater, M.R.C.S., Fisherton House, Salisbury; Edgar English, M.R.C.S., Manor-road, Stoke Newington; Samuel Simpson, M.B., D.Ch., Bethlem Hospital; Robert Nairn, M.R.C.S., L.R.C.P., Bethlem Hospital; J. Desmond E. Mortimer, M.R.C.S., Portsmouth Borough Asylum.

THE LANCET.

LONDON: SATURDAY, AUGUST 6, 1887.

THE draft of the Charter which has been adopted by the Councils of University and King's Colleges for presentation to the Privy Council, which we have printed on another page, marks an important stage in the history of educational work in London. It will hardly be believed by many that these two rival institutions, considering their origin and past history, could have been brought into accord and joint action, even for their common benefit; but the march of time has softened down the bitter feelings and mitigated the asperities which were left as a legacy by their founders, and the two Colleges have, by the necessities of a large reform in the educational methods at present existing in the metropolis, and the hopeful prospect of a formation of a Teaching University in London, been driven into a combined action and a close communion. The wise aims of the founders of the University of London, which were so ruthlessly disregarded when the professors and teachers were deprived of all connexion with the University in 1858, and when certificates of studentship were dispensed with in all the Faculties except Medicine, are now likely to be carried out, but by another and a new body. The University of London since then has confined itself to examining, and has well and ably discharged this function. The number of candidates who have passed through its portals has enormously increased, and is still increasing; but in restricting its usefulness, so far as collegiate students are concerned, it has completely changed its character and objects, and has deliberately chosen to follow a path which was never dreamt of, much less intended, by its founders and its early friends. Instead of exercising a due and proper influence on the "higher teaching agencies in the metropolis, and making London a great seat of learning," it is now only an examination centre for the empire, and has no local utility and is of no local benefit. The more closely its work has been adapted to an imperial end, the greater has been its departure from its original purpose. Hence the necessity for a real Teaching University in London is now as great, or even greater than, when the University of London obtained its Charter in the year whose jubilee it is now celebrating. It could scarcely have been expected that the largest and most important colleges affiliated to the University would bear the new departure of 1858 with equanimity. The secession of Owens College in 1880, and the great strides made by that college since its incorporation with the University College of Liverpool into the Victoria University, have necessarily given a powerful impetus to the movement in favour of establishing a similar institution in London. The admitted need for giving London students proper facilities for obtaining medical degrees, and the impossibility of so modifying the University of London as to meet this want, have also encouraged the supporters of this movement. A University conferring degrees in Medicine only is almost without a precedent, and will be opposed by nearly every University graduate of standing and influence in the kingdom, as well as by the other medical corporations; whilst a real Teaching University in London, with power to confer degrees in Arts, Science, and Medicine, must have the sympathy of all who are interested in the educational welfare of the metropolis—excepting, of course, those who are officially or closely connected with the existing University, and who cannot be expected to favour the foundation of an institution designed to carry out the work for which their own Charter was originally granted. The secession of Owens College was a successful protest against their system, and has obviously influenced the present application for a Charter by the two largest London Colleges—indeed, the only fully equipped Colleges in London,—so that London, like other cities, may have a local University for its students. The reasons for the creation of a Teaching University for London and the adjacent district, with its four millions of inhabitants, seem to us so urgent that we would fain hope that the present University, so much wider in scope and aim, will not, by a narrow and selfish opposition, repeat the mistake of the older universities when its own formation was under consideration. The objection to placing the examinations and the conferment of degrees in the hands of the teachers is of little real importance, and could only be advanced by the most thorough-going worshippers of the examination-by-result system. We could hardly have believed that this old conceit of Lord SHERBROOKE, which would seem to have been buried in the controversy about Owens College eight years ago, would again be seriously brought forward. Teachers, when assisted by external examiners as assessors with equal authority, make the best examining board; and if there were any valid objection to the plan so generally followed, it would have been discredited and discarded long since. But with the so-called exception of London, such a system is at present adopted by all the English and Scotch Universities, old and new alike. Even in the case of London most of the examiners are teachers, and many of them must of necessity examine their own pupils; so that if this ground of objection is to be adopted by the Senate, it will first have to look at home, for the Senate can only appoint examiners, generally teachers, and cannot influence their decisions or results.

The new Charter is drawn on a wide basis, and gives no pre-eminence to the medical departments of King's or University Colleges, but provides for the admission of all the medical schools in the metropolis, so as to form a Medical Faculty. Looking on the two Royal Colleges as the representatives of the London schools, it allots to them the same number of representatives on the Senate, and therefore an equal power, as is given to University and King's Colleges. It is yet to be hoped that the Royal Colleges may join in this important educational movement; but if they still decline, we suppose that the constitution of the Senate will be modified so as to secure a direct representation of the schools, instead of the more convenient one at present suggested. The only paragraph in the Charter to which exception can fairly be taken is in Clause 5—"Provided that no ordinary medical degree shall be conferred on any person who shall not previously have obtained a qualification for registration under the Medical Acts." This,

doubtless, is inserted in deference to the oft-repeated desire that no new qualification for practice should be added to those which are already in existence, and which are universally allowed to be far too numerous. It will turn aside a large amount of opposition, but must necessarily increase the cost of the new degree.

THE Dublin meeting of the British Medical Association will be memorable for the remarkable Address in Medicine delivered by Professor GAIRDNER. No one can have listened to his words, and no one can now peruse them, without being struck with the command of his subject that the orator exhibited, and with the weighty, almost judicial, character of his utterances. His theme was the old one, "Are we better than our fathers?" and was suggested by the famous passage in which Sir WILLIAM HAMILTON asks whether the practice of medicine has made any advance since the days of HIPPOCRATES. The learned philosopher may have put this question with a half cynical intent, or, on the other hand, he may have been so shaken by the diversity of medical doctrines and practice as to intend it in all seriousness. It was taken up and answered, as Professor GAIRDNER says, by Dr. WARBURTON BEGBIE before the Association twelve years ago, yet no one will deem the question unworthy of a fresh examination, especially when this is made by one so competent and so well versed in medical doctrine as Professor GAIRDNER. He has, as he truly says, been a teacher of medicine all his life, and is therefore in a position to speak with authority upon the great revolution which has taken place in the methods of medical practice.

No one, of course, will take it in its literal sense that the practice of HIPPOCRATES, or rather of his interpreter GALEN, has continued unshaken to the present day. Undoubtedly there are some points of detail which have not varied, for which even modern physicians are indebted to the sagacity and foresight of the ancients. But have we departed from the tradition of their work? Are we really so much in advance as we boast ourselves? In other words, Has medicine yet emerged from empiricism? Has it ceased to pin its faith to vague theories? Is it, as Professor GAIRDNER puts it, really more *stable* than it was a century ago? This, after all, is the real test of advance in the healing art; and, tried by these questions, there are, it must be confessed, many signs of absolute want of progress. In truth, there is no physician who will not confess that, in spite of the very notable achievements in the building up of the science of medicine, and in basing our practice upon the firm foundation of observed facts, there are yet wide regions in which we are still groping in the darkness, where we rely upon the "art" that clings to us from the past. It is slow and weary work, this casting off of old traditions and searching for the surer ground of fact; but it is being done, and that with increasing energy and hope. Professor GAIRDNER, in his calm and impartial survey, showed us what comfort we may glean from such reflections, and we may confidently look forward to a time when rational medicine will prevail; this, too, in spite of the many disheartening indications we see around us of the spread of quackery among the public. For it is not only the medical man who has to be imbued with the new spirit; his patients also sadly need enlightening upon the subject. The old faith in medicine as a mysterious and wellnigh miraculous power has not yet died out, and it is fostered by the unscrupulous, who trade on ignorance and folly. But how is it with ourselves—we the legitimate heirs of Hippocratic medicine? Are we really worthy of the laudation we are so apt to indulge in, and have we wholly thrown off the shackles of tradition? It seems to us that Professor GAIRDNER supplied an answer to this question, and, indeed, the only possible answer. He showed that, strictly speaking, we have no data of comparison between the medical practice of our day and that of HIPPOCRATES or GALEN. We have their dicta and their principles, but we have no clinical records sufficiently detailed to contrast the efficacy of their methods with that of our own. No one can deny the great service rendered by "the Æsculapian priest who first emancipated the art of medicine from the trammels of priestly control on the one hand, and of philosophic dogmatism on the other," and, wide as is the interval between his days and ours, there is still much in the Hippocratic tradition that remains unshaken. In order, however, to point the contrast between the old and new medicine more strikingly, Professor GAIRDNER selected the name of CULLEN, who a century ago faithfully maintained the principles of that tradition. CULLEN'S teaching was sound and well-reasoned, and yet it was shaken to the roots by the fanciful and extravagant doctrines of BROWN. For a time the Brunonian system dominated the medical world, which was never more unstable in doctrine than at the close of last century.

"It seemed," said Professor GAIRDNER, "as if the medical mind, oscillating between the claims of humoralism and solidism, and vitalism, could find no resting-place, but was constantly exposed to be drawn out of the path of traditional medicine by any new theory which presented a certain amount of apparent simplicity and plausibility—all the more if it contemptuously dismissed, as unworthy of serious study, the laborious and positive acquisitions of clinical and pathological fact, which had even then been largely gathered in, especially by Morgagni, as to the natural history of disease; and this was exactly what the Brunonian system did."

Well, the Brunonian system enjoyed its brief day of triumph, and has now fallen into merited oblivion. The progress of science has, we may trust, put an end once and for all to extravagances of that sort, although, to be sure on a minor scale we even now occasionally meet with generalisations which go far beyond the limits imposed by the facts on which they are based.

Contrasting the times of CULLEN and BROWN with the present, Professor GAIRDNER sought for evidence of a greater stability in medical doctrine now than then. He surveyed the field of modern medicine, and showed that in some respects, especially in the overwhelming rush after new remedies, we have not much to boast of. There is no gainsaying that in some directions medicine has attained as great a stability as it is possible to conceive, but the problems are so vast and numerous that we cannot marvel at the uncertainty in which we often still remain. Happily, however, we are no longer dominated by any theoretical system of universal application, and we are daily striving to rid ourselves of all that is empirical in practice. We have this advantage over CULLEN, that

we are learning more of the nature of disease and of the action of remedies than was known to him, and our practice is becoming simpler and sounder in proportion as that knowledge widens. Amongst the hopeful signs of an increasing stability in medicine, Professor GAIRDNER adduced the advance of sanitation, the recognition of the self-healing powers in acute disease, the banishment of venesection (or rather its rational restriction) as a remedial measure, and the more enlightened practice of feeding the fever patient rather than bleeding or over-stimulating him. These are, indeed, great signs of progress, and separate us from the practice in vogue long after CULLEN'S day by an immeasurable distance. Up to that time it might have been questioned whether Sir W. HAMILTON'S query was not justified, but no one dare assert it now. The Hippocratic tradition has been broken in its strongest link. Professor GAIRDNER himself has been the witness of this revolution, and has taken no small part in furthering it. There is no doubt that in these respects at least we have gained wisdom, and it has come to us not through the adoption of any theory or as a revulsion from "orthodox" practice, but as the outcome of that patient investigation of natural phenomena of the healthy and diseased body and its environment which forms the basis of scientific medicine. That the gain is a substantial one is to be seen in the instance cited by Professor GAIRDNER of the treatment of fevers; for although the precise value of antipyretic methods is not fully proved, there can be no question of the gain derived from the change from lowering to restorative methods, and the substitution of easily assimilated food for excessive doses of alcohol. There still remain many branches of medicine in which art lags behind science, and there are prejudices and traditions, both among the laity and the profession, to be eradicated before we can be satisfied with real progress. Therefore it was well to be reminded of our position, and no occasion could have been more appropriate than that of which Professor GAIRDNER has availed himself, when medical practitioners from all parts were gathered together to hear of "new things," and to exchange experiences. His address will have served the useful purpose of impressing his hearers with a befitting sense of humility, and encouraging them to further effort in the cause of rational medicine.

IN the long interval of the sessions of the General Medical Council the profession looks with some interest to the action of the Executive Committee, which is invested with the powers of the Council with regard to certain questions, and which was enlarged at the last meeting of the Council. The Executive Committee met on the 25th of June, and we may well suppose was fully occupied in dealing with several questions which had been referred to it. Our readers may remember that at the meeting of the General Medical Council in November last, its attention was drawn to the subject of Unqualified Assistants, or rather to its own resolution (April 21st, 1883) on the subject—especially referring to charges of gross misconduct in the employment of unqualified assistants and charges of dishonest collusion with unqualified practitioners in respect of the signing of medical certificates required for the purposes of any law or lawful contract, and to the fact that such charges are, if brought before the Council, regarded by the Council as charges of "infamous conduct" under the Medical Act. The Council in November resolved to make public these views on this subject. Until the meeting of the Executive Committee last week no steps seem to have been taken to give publicity to the Council's serious estimate of such conduct and such collusion between qualified practitioners and unqualified persons. As will have been seen by our last issue, copies of the resolution passed have been formally published in the Journals of the profession, so that henceforth there will be no excuse for not knowing how such conduct will be punished by the Medical Council. It is only fair that support should be given to the Council when it thus does its duty and tries to protect the public from all unreasonable and illegal uses of unqualified persons. Another duty delegated by the Council to its Executive Committee in May last was that of carrying out the Council's resolutions in regard to the Inspection of Examinations. It is understood that part of the business of the Executive Committee at its meeting last week was to prepare a letter of instructions to the inspectors under the new Act, on whom the arduous duty is devolved of inspecting the examinations in Medicine, Surgery, and Midwifery of all the examining bodies in England, Scotland, and Ireland within a period of twelve months. Strictly speaking, the Act requires the inspectors to ascertain the sufficiency of the examinations as a test of competency to practise. They are not required to interfere in the examinations, but to report on their sufficiency or insufficiency, and any other matters in relation to such examinations on which the General Council may require them to report. At the meeting in May the Council resolved that it should be an instruction to the inspectors to give special attention to the quality of the Practical Examinations and to the sufficiency of the means and appliances which are in use in them for testing the qualifications of candidates. We may be sure that the instructions of the Executive Committee covered this and all other important points. Amongst other matters relegated by the Council to its Executive Committee was the reception and consideration of applications for the Registration of Foreign and Colonial Degrees under the Medical Act, 1886. This is a matter of great importance. On the one hand, many gentlemen holding foreign degrees are very anxious to see them recognised and registered. On the other hand, it is the clear duty of the Council not to proceed to register foreign and colonial degrees in any haphazard way, but after due inquiry and consideration. Even in the case of gentlemen already on the Register in virtue of British qualifications, but holding foreign degrees till now unregistrable, the Council is bound to satisfy itself as to the nature of the examinations to be passed in order to obtain such degrees. To do this is a process which requires time. It is not sufficient to learn even the proportion of rejections to passes in such examinations. This might be large, and yet the examinations might not, in the judgment of the Council, be "proper" examinations. Nevertheless, it is clearly not the design of the Act that the Council should be fastidious or hypercritical, and if it showed any disposition to be so it is liable to be overruled by the Privy Council. The Privy Council will not,

however, be likely to show any disrespect to the judgment of the Council formed on sound data. The great majority of applications for the registration of foreign and colonial degrees are from practitioners already on the Register, and most of these hold the degree of Brussels. There are 222 applications in all, and of these 177 are under Clause 16, from practitioners already registered. The work of inquiry is proceeding, and the Executive Committee has appointed a sub-committee to prepare a report as to the evidence of satisfactoriness in foreign degrees. We gather that various other matters occupied the attention of the Executive Committee, some of which were serious, and will probably have to stand over for the judgment of the General Medical Council.

THE greater part of the water supply of London is, it is well known, drawn from the Thames above Hampton. Twenty years ago it was a matter of keen controversy whether such a supply was suitable for the metropolis, and a Royal Commission was appointed to inquire into the matter. The report of the Commissioners was signed on June 9th, 1869, and their conclusions were so definite and so strongly worded that from that time to the present they have been pretty generally accepted as final. It is not surprising. The Commissioners in their summary pointed out difficulties of a grave kind in regard to each of the alternative schemes laid before them, and expressed their deliberate opinion that the present supply was sufficient in quantity and quality. As to the quality, they said: "We are of opinion that there is no evidence to lead us to believe that the water now supplied by the companies is not generally good and wholesome." The opinion was, however, supplemented by several admissions which tended to diminish its value. Thus we read that "perfect filtration is highly essential to the good quality of the water supplied"; "that this process is at present in many cases very imperfectly performed"; and further on (to take the most important qualification of all), that "when efficient measures are adopted for excluding the sewage and other pollutions from the Thames and the Lea and their tributaries, and for ensuring perfect filtration, water taken from the present sources will be perfectly wholesome and of suitable quality for the supply of the metropolis." We have said that these conclusions stopped for a time all further discussion, for the dicta of a Royal Commission of experts are not to be lightly set aside. And yet from the beginning there was no consensus of opinion in their favour. For one thing, the Commission was imperfectly constituted. The members were worthy of respect, and two or three were eminent, but no one was a physician or a chemist, and as water supply is above all a question of public health, this defect was serious. Then, again, the conclusions themselves were contradictory; for whereas in one passage the present supply was described as "generally good and wholesome"—which surely implies a satisfactory state of things,—in another a condition which is practically impossible was annexed—namely, that efficient measures should be adopted for excluding sewage and other pollutions from the river. Some good was undoubtedly done by the Commission, for the London companies were stimulated to increased exertion in regard to filtration and constant supply, and Londoners now reap the benefit of the agitation. But scientific sanitarians have never been satisfied, for the certainties, to say nothing of the risks, of pollution in such a water supply are too obvious to escape attention from those who know anything of the laws of zymotic disease. For ourselves, we may fairly claim that we have never hesitated in our view of the case, and have always stated our belief that the present water supply of London is fraught with incessant danger, and that, however smoothly things may go at present, there is a permanent possibility that at any time a serious calamity may occur. That dread sanitary teacher, the cholera, whose lessons are always respected, and to whom England probably owes ten times more lives than deaths, has once more cast his shadow, though not as yet his substance, over us, and once more there is some sign of public interest in the purity of the water we drink. The terrible example of Spain is not yet forgotten, and we have therefore some hope in asking once more the question, Is our water supply safe? Serious assertions in respect to it have reached us, and we have thought it our duty in the public interest to institute new inquiries, the results of which we shall duly lay before our readers.

THE Court of Appeal has decided against the Medical Council in the appeal by the Council against the judgment of the Divisional Court (Mr. Justice MATHEW and Mr. Justice A. L. SMITH) in favour of Mr. PARTRIDGE'S application for a *mandamus* to the General Council of Medical Education of the United Kingdom to restore his name to the Register of Dentists kept under the Dentists Act of 1878. The facts will be remembered by our readers. They are stated thus in *The Times* report:—

"The applicant had practised as a dentist in the metropolis since 1867, but he never registered in respect of this qualification. In 1878 an Act was passed requiring dentists to be registered under that Act, the General Council of Medical Education of the United Kingdom being made the governing body. In 1878 Mr. Partridge obtained from the Royal College of Surgeons in Ireland a diploma in dentistry, and as a licentiate of this body, which was one of the medical authorities referred to in the Act, he applied for and procured registration under Section 6 of the Act. The diploma had been granted on the terms that the holder should not seek to attract business by advertising or by any practice considered by the College unbecoming, and that the diploma might be cancelled on its being proved to the satisfaction of the President and Council that he had done so. In 1885 the Royal College of Surgeons in Ireland cancelled the diploma on the ground that Mr. Partridge had advertised for business, and upon this being brought to the notice of the General Council, they directed his name to be erased from the Register. It was argued for Mr. Partridge that the General Council had only power to erase his name for some cause specified in section 13, which provides that where a registered person has been convicted of an offence, which if committed in England would be a felony or misdemeanour, or been guilty of any infamous or disgraceful conduct in a professional respect, that person shall be liable to have his name erased from the Register. It was argued on behalf of the General Council that Section 11 bound them to keep a Register, and that that must mean a correct Register, and as the diploma, by virtue of which Mr. Partridge got registered, had been taken away, he was not entitled to be on the Register."

This decision is scarcely likely to be further contested.

The opinion of Justices MATHEW and SMITH was regarded by lawyers as pretty decisive and very authoritative, though it left the applicant in the absurd position of being entitled to be replaced on the Register after the Body from whom his diploma had been received had withdrawn it, and the Council in the absurd position of being required to keep a man on the Register who had ceased to have a registrable qualification. But mere absurdity does not constitute illegality; and the Medical Council, or its legal advisers, must bow with what grace they may to a decision of the Court of Appeal, which negatives one of their favourite principles of procedure—to remove from the Register, without further inquiry, a man whose diplomas have been withdrawn.

The Council has this consolation, that the judgment of the Court in no way derogates from the Council's high judicial functions. It does not question the right of the Council to remove Mr. PARTRIDGE's name from the Dentists' Register if it shall see fit to do so. On the contrary, it rather asserts all this in a way to magnify the responsibility of the Council. The Court of Appeal lays down only that the Council erased the name in a wrong sort of way. It did not institute an inquiry into the facts and satisfy itself of the nature of the conduct attributed to Mr. PARTRIDGE. The Council should have acted without reference to the College of Surgeons of Ireland and their reasons for withdrawing their licence. Had it done so, the result might have been altogether different. His lordship said "the *mandamus* must go, but the fact of its going would not take away the power of the General Medical Council to exercise their jurisdiction under Sections 13 and 16, and if on inquiry the Council came to the conclusion that the applicant had, by breaking the conditions imposed upon him by the local medical body, been guilty of disgraceful professional conduct (and if he wilfully broke the condition, his professional conduct might be thought disgraceful), they would erase his name from the Register." Such a judgment will throw much more responsibility on the Medical Council and much less on the medical authorities. Each of these in turn has been too apt to shirk such responsibility; but this judgment will at least clear the air and let the Council know its duties.

Annotations.

"Ne quid nimis."

THE ARMY MEDICAL DEPARTMENT.

WE observe with much satisfaction that Sir Thomas Crawford, at the meeting of the British Medical Association, entered his protest against the course which the Parliamentary Bills Committee had taken on the question of relative rank. He gave an unqualified contradiction to Mr. Hart's statement that the officers of the department were afraid to make any representations on the subject, as it would "not hasten" their selection for promotion. Sir Thomas was supported in his opposition to the report by Dr. Ince, late of the Indian Service, Deputy Surgeon-General Joynt, and Mr. Macnamara, who is an old army medical officer. Sir Thomas Crawford moved that the paragraph on relative rank be omitted from the report, and referred back to the Council for reconsideration. After some discussion this course was adopted, Mr. Hart stating that he did not object to it provided it was "not regarded as a vote of censure on the committee." Sir Thomas Crawford disclaimed all idea of censuring the committee, but it is difficult to regard the resolution in any other light. We are glad, for the credit and honour of the department and of the profession, that the Director-General has taken this course, and that he has been so well supported in it by the members of the Association. The *plébiscite* of the army medical officers we consider an unwise and unwarrantable act, one which, apart from its bearing upon the discipline of the department, cannot but be interpreted as an undeserved reflection on its distinguished head.

A CLINICAL EXAMINATION!

WHAT constitutes an examination in clinical medicine? The ordinary mind conceives it to be the examination of a candidate by the bedside of a patient, with all the appliances and reagents at hand for making a thorough investigation and record of the case. That, too, is the sense in which it is interpreted by the universities, and so has it been interpreted until this year of grace by the body which one might expect to set a worthy example in the matter—viz., the Royal College of Physicians. But, whether from the association with the College of Surgeons and the force of example or not, it has strangely deviated from this principle since the two bodies took possession of the Hall on the Embankment. Thither are now summoned the halt and lame, and candidates for the licence of the College are "taken over" these cases, of whom, we are assured, there is a plentiful supply, who are not too ill to attend. This is a poor substitute for the hospital ward, and in adopting it the College has wittingly placed itself on a level with the Society to which it professes to be so superior. What can be the reason? Is it to save trouble? Perhaps it is, and that may be the reason why the examiners concur in it. But such a ground should not weigh for an instant, either with those who regard the matter from the point of view of the candidate, or from that of the public who demand a thorough qualification, or even from that of the dignity of the College. Have we not been told that London is the greatest storehouse of clinical material in the world? Do we not know that the number of beds in its hospitals and infirmaries can be reckoned by the thousand? And yet the College of Physicians must descend to this paltry substitute for a thorough clinical examination. No matter how numerous the candidates, there need be no difficulty in assigning them cases in hospital wards; whilst there would be no great difficulty in appointing assistant examiners to conduct this part of the examination if the burden were found to be too heavy for the staff of examiners. We do not hesitate to say that the examination, as at present conducted, does not, and cannot, attain the level it ought to reach; and that so long as this style of conducting it is pursued no one can say that in clinical medicine the College of Physicians applies as good a test as the Universities.

ACUTE HEPATIC CIRRHOSIS.

THE varieties of hepatic cirrhosis are very numerous, and the tendency is rather to increase their number, whilst the desire must surely exist to put this seeming chaos into order. Much light has yet to be thrown on the acute forms of cirrhosis, with which we seem to be becoming more and more familiar. M. Debove has contributed an account of an interesting case to the "Bulletins et Mémoires de la Société Médicale des Hôpitaux de Paris," No. 13. The whole duration of the clinical history was not more than five months, and for the first three of these the woman, aged thirty-four, merely complained of some general symptoms not specially referable to the liver, the first symptom of

affection of which organ was marked jaundice, and on admission to the hospital it was found that the liver extended five fingers' breadth below the margin of the thorax. Fever, jaundice, hæmorrhages, enlargement of the spleen, diarrhœa, and but slight ascites, were the principal symptoms. Three weeks before death the liver progressively diminished in size, till at the necropsy it was found to be level with the edge of the ribs. The cirrhosis had chiefly affected the periphery of each hepatic lobule, and was in this sense allied to the monolobular form of Charcot, for the amount of connective tissue increase was about sufficient to replace that of true liver tissue, so that the volume of the organ was not far from normal. Further examination showed, however, that a peri-cellular sclerosis had also taken place, and that the connective tissues around the portal system as well as around the hepatic veins were increased; the surface and section of the organ were granular. The remaining true liver cells were either fattily degenerated, recalling the fatty cirrhotic type, or else granular and atrophied. Debove believes that neither alcohol nor syphilis was operative in the causation of the disease, which he was unable to explain.

THE METROPOLITAN ASYLUMS BOARD.

THE Metropolitan Asylums Board again on Saturday received reports of the freedom of their institutions from cases of small-pox, but one patient suffering from this disease having been admitted during the fortnight preceding the day of meeting. Scarlet fever, however, is more prevalent, the numbers under treatment having increased during this period to 594, altogether 634 cases of fever remaining in the hospital. The need for the provision of further accommodation had to be considered, and it was decided that the Ambulance Committee should be asked to advise as to the reopening of the North-Western Asylum at Hampstead. The Board also received, through the Local Government Board, a communication from the Surrey magistrates respecting the accommodation of harmless lunatics; the county asylums were full, and it was thought that room for a larger number of chronic imbeciles could be found in the asylums of the managers. The Board at the present time has 5408 patients of this class under treatment, as well as 552 boys on board the *Exmouth* training ship.

FRUIT AS A FOOD.

No great time has elapsed since we had occasion to make a few remarks on the value of fruit as a form of light diet, and to refer to a few simple rules which those who partake of it do well to observe. Taken in the morning, fruit is as helpful to digestion as it is refreshing. The newly awakened function finds in it an object of such light labour as will exercise without seriously taxing its energies, and the tissues of the stomach acquire at little cost a gain of nourishment which will sustain those energies in later and more serious operations. It is an excellent plan, with this object in view, to add a little bread to the fruit eaten. While admitting its possession of these valuable qualities, however, and while also agreeing with those who maintain that in summer, when the body is, at all events in many cases, less actively employed than usual, meat may be less, and fruit or vegetables more freely used as a food, we are not prepared to allow that even then an exclusively vegetarian regimen is that most generally advisable. Meat provides us with a means of obtaining albuminoid material, which is indispensable in its most easily assimilable form. It affords us in this material not only an important constituent of tissue growth, but a potent excitant of the whole process of nutrition. It has, therefore, a real, definite, and great value in the ordinary diet of man, and the wholesomeness of fruit combined with farinaceous food as an alternative dietary is not so much an argument in favour of the vegetarian principle, as a proof that seasonable changes in food supply are helpful to the digestive processes and to nutritive changes in the tissues generally.

HEALTH CONDITION OF HOLIDAY RESORTS.

THE Registrar-General, in his Quarterly Return, just issued, publishes his usual table of the recent mortality statistics for the registration districts and sub-districts containing forty-six of the principal seaside and inland holiday resorts. This table gives the death-rate from all causes, and from the principal zymotic diseases in each of these watering places of England and Wales. It appears that they had an aggregate population estimated at rather more than a million persons in the middle of this year. Among this population the mean annual death-rate during the three months ending June last did not exceed 15·5 per 1000, which was 1·7 below the mean rate in the aggregate of the rural districts of England and Wales. The death-rate from the principal zymotic diseases in those watering places was as low as 1·03 per 1000, against 1·50 in the whole country, excluding the seventy-eight largest towns. It is therefore evident that, taken in the aggregate, the health condition of these holiday resorts during last quarter, judged by their mortality statistics, was eminently satisfactory. Bearing in mind the small population of some of these watering places, and the short period of time embraced by the Return, any attempt to estimate the comparative healthiness of the individual health resorts from these figures of the Registrar-General is to be strongly deprecated. As regards the information relating to the mortality from the principal zymotic diseases, it should, however, afford satisfaction to those proposing to visit Herne Bay, Margate, Bognor, Weymouth, Lyme Regis, Tenby, Aberystwith, Beaumaris, Buxton, and Matlock, to know that during the three months ending June last not a single death from any of the principal zymotic diseases was registered in any of these towns; while in but fourteen out of the forty-six watering places did the death-rate rate from these diseases exceed 1 per 1000. Only in three of the older health resorts did the zymotic death-rate exceed the general average for the whole country.

ST. GILES'S-IN-THE-FIELDS.

THE report for the year ending March 25th, 1887, by the Board of Works of St. Giles's gives an interesting account of sanitary progress in this well-worked district. Of the more important improvements, that of the Shelton-street area undoubtedly comes first, and the Board are to be congratulated on the perseverance with which they have endeavoured to induce the Metropolitan Board to put in force the Artisans and Labourers' Dwellings Act of 1875. We have recently given account of the inquiry held by Mr. D. Cubitt Nichols for the Secretary of State for the Home Department, the result of which has been that the Home Secretary has now brought in a Bill to obtain powers for the clearance of this area. The provisions of Torrens' Act have enabled the District Board to improve a large number of houses in Dudley-street and a common lodging-house in Black-horse-yard; and for the better control of houses let in lodgings some valuable regulations have been adopted which have been confirmed by the Local Government Board. Mr. Lovett gives as the death-rate of the whole district 22·9 per 1000; that of St. George's, Bloomsbury, being 16·5, of St. Giles's North 24·7, and of St. Giles's South 31·7 per 1000. Speaking of the high death-rate in the last sub-registration district, Mr. Lovett says that undoubtedly the principal cause of this is the insanitary condition of the

Shelton-street area, Drury-lane, where the death-rate for the past year was as high as 53·7 per 1000. In comparison may be considered the rates of mortality in the model dwellings which now stand on the site of other unhealthy buildings which have been removed. Thus in the Great Wild-street block, having a population of 1437, the death-rate was 21·5 per 1000, and the birth-rate 43·8; and of 820 people in the Little Coram-street block the death-rate was 18·2 per 1000, and the birth-rate 53·6 per 1000. St. Giles's undoubtedly sets an example to its neighbours, and shows how much good can be done when the sanitary improvement of a district is seriously undertaken by a competent health officer and an active sanitary authority.

THE INFLUENCE OF METEOROLOGY ON MEASLES.

DR. CAMERON, in his second quarterly report on the health of the borough of Huddersfield for this year, discusses the high mortality from measles and the accompanying lung diseases. He reminds his authority that on a former occasion he pointed out that an epidemic of this disease had coincided with a somewhat high barometric pressure, an increasing temperature, considerable variation of day and night temperature, and a scarcity of rain. The poison of measles was, according to his view, prevented by the heavy atmosphere and the absence of wind from getting freely away from the close courts and yards; these courts also lacked the wholesome washing effect of rain, and the infection was kept active by the warmth of day, and the slight condensation produced by the chill of night, and spread rapidly to those who were susceptible of its influence. These conditions, which were characteristic of a similar mortality in 1882, were repeated, some of them in an aggravated form, in 1887. During the second three months of the year the barometer has averaged 30 in., and in none of the thirteen weeks included in that period has it averaged less than 29·6 in. The daily range of temperature has averaged 18°F., and the total rainfall has been only 3·09 in. Together with such rain as fell during the seventh, ninth, and in the week following the termination of the quarter, there was a marked reduction in the rate of mortality. Latterly, whooping-cough seems to have been similarly influenced, and during the quarter as a whole these two diseases caused together a mortality reaching 3·08 per 1000. The details thus contributed are of the greater interest because precise information as to the relation of infectious and other diseases to meteorological conditions is so scanty.

FASHION v. SCIENCE AND HUMANITY.

FROM a very remote, we may even say a pre-historic, period, it has been the custom of human beings to provide themselves with garments at the expense of the lower creation. From a time almost if not quite as early, animals have been slain to furnish food for man. In our own day, also, both practices exist in operation side by side. While, however, the necessity for flesh as an article of diet is generally admitted, provided that it be used in moderation and combined with vegetable food, the need for taking the life of animals in order to clothe the body, it must be allowed, has been to a great extent obviated by the progress of textile industry, which gives us as woollen fabrics most of what we require for daily wear without depriving a living creature of one drop of blood. Fancy, taste, luxury, utility—one or all of these,—it is true, still order the destruction of countless fur-bearing and feathered beings of a lower grade than ourselves; and we are not prepared to say that, in obeying the mandate, at all events of the last-named authority, man exceeds the privilege of his lordly position. When, however, we find him, at the bidding of a mere fashion, persecuting the life of some harmless and to him otherwise useless race of animals, and this even to the extent of extermination, we blush for the cruel heart of our so-called civilisation. When, for instance, little birds, whose only fault is their beauty, are sacrificed by thousands in a year, in order that their feathers or their bodies should adorn the "softer sex" of our species in hours of enjoyment, we are bound in creature kindness to those helpless members of the world's great family, to condemn the barbaric fancy which is so heedless in its self-esteem. Artificial substitutes can be found for ornaments of this kind, and the counterfeit is not by any means a despicable imitation. The desire for their more general adoption is not, we are sure, limited to ourselves, nor is the hope that other Governments will copy the recent practice of our own by restricting the indiscriminate slaughter which has already lost to the world not a few interesting and beautiful forms of animal life.

THE LUNACY BILL.

AN announcement was made by the Leader of the House of Commons on Monday evening last, to the effect that, among others, the Lunacy Acts Amendment Bill would be dropped by the Government. It is much to be regretted that the tardy act of justice to medical practitioners which the sixth clause of Lord Halsbury's Bill would have effected should be still longer delayed. That a medical man whom professional duty and the course of events have placed in a position in which he must form an opinion as to a patient's sanity, and certify it, should be liable, and that for an indefinite period, to a civil action at the suit of the lunatic with all its incidents of heavy law costs and its contingency of sentimental damages, is a serious blot upon English law. The measure of protection which the abortive Bill would have conferred is all that the profession has ever asked, but it is nothing more than the most obvious justice imperiously demands. On this account we much regret the abandonment of the Government Bill, and we think also that it is hardly fair to medical men that a matter of so great importance to them should have been left to share the fate of a measure so comprehensive and so intricate as the derelict Bill. Surely the sixth clause is sufficiently complete in itself, and of sufficient importance to be passed as a separate Act. In that case the Parliamentary process would have been extremely simple, and the measure might well have gone through without trenching unduly upon the precious remainder of an already protracted session.

CATARACT OPERATIONS IN BRUSSELS.

DR. COPPEZ, chief of the ophthalmic department of the Hospital of St. Jean Brussels, has recently published a report of his twelve years' experience in the management of cataract. He has had 218 cases of soft cataract, including the idiopathic, acquired, congenital, and traumatic varieties. Of these, 104 were treated by aspiration. Secondary cataracts to the number of 168 were treated by various well-known methods. Prouff's operation, which has not come into very general use, is strongly recommended by Dr. Coppez when the capsule is not too thick. It consists in making a small incision in the situation of the old wound and destroying the opaque membrane with an ordinary cystotome. The number of hard or semi-hard cataracts operated upon was 1059; of these 692 were extracted with iridectomy, 113 after a preparatory simultaneous iridectomy, and 254 by means of a simple flap operation. Dr. Coppez now decidedly prefers De Wecker's simple small flap operation. Those who prefer von Graefe's operation consider that De Wecker's plan gives rise to prolapse of the iris and causes so much difficulty in getting rid of the cortical portions that secondary

cataracts are rendered much more common after this than after von Graefe's operation. Dr. Coppez has found, however, that by injecting eserine into the anterior chamber the hernia of the iris does not occur as frequently as is supposed, he only having met with this complication twenty times out of 254, and when it does occur, if it is left alone and not excised, it does not, he says, give rise to such trouble as the pinching up of the iris in the angles of the wound during the combined operation. As to secondary cataract, he met with it 120 times out of the 692 combined operations, and only ten times out of the 254 simple operations, which figures speak for themselves. Dr. Coppez now reserves the combined operation for cataracts complicated by central corneal opacity, by posterior synechiæ, or by high ocular tension, and for the second eye in double cataracts where the simple flap operation has proved unsuccessful in the first eye. He is opposed to any artificial maturation, preferring to operate in case of necessity on incomplete cataracts by ordinary methods. If any cortical portions remain he removes them a few days subsequently by the aspirator.

UNREGISTERED DEATHS.

THE facts disclosed at a recent inquest held by Dr. Diplock at West Drayton suggest uncomfortable doubts as to the due accuracy of our registered statistics of mortality, if not of our system of registration. It appears that recently the body of an infant aged eleven months was buried in the parish churchyard without any order for burial from the coroner or the usual certificate of registration from the registrar. As a matter of fact, the child was scalded with boiling water during a quarrel and struggle between the parents, and died from "scalds and neglect," as was proved at the inquest which was held after the body was exhumed. The sexton gave evidence at the inquest, and denied that he knew he was acting illegally in burying without a certificate, stating at the same time that he had on other occasions buried persons without such certificate. The present case sufficiently proves the danger to society from such ignorance or evasion of the legal provisions for securing the due registration of deaths; but it is eminently unsatisfactory to hear that Dr. Diplock in January last had his attention officially called to similar illegal acts by London undertakers, and that a communication made by him on the subject to the Home Office resulted in no action being taken in the matter. It is clearly enacted in Section 17 of the Births and Deaths Registration Act of 1874 that "the person who buries or performs any funeral or religious service for the burial of any dead body as to which no order or certificate is delivered to him, shall, within seven days after such burial, give notice thereof in writing to the registrar, and if he fail so to do shall be liable to a penalty not exceeding ten pounds." The law, therefore, imposes a penalty upon every sexton and officiating minister concerned in the burial of any body without the production of the necessary authority for the burial, unless notice of such burial is sent to the registrar of the district in which the death occurred. As the offence is one committed against the Registration Act, we are at a loss to know why Dr. Diplock should have reported the circumstance to the Home Office, which does not now take official cognisance of civil registration. It would appear that upon the Registrar-General rests the responsibility for instituting a prosecution in such cases, and we fear that nothing short of the publicity which would result from prosecutions would effectually put a stop to this careless neglect of legal enactments, the due observance of which is so important in the interest of public safety. It cannot be too generally known that, while in the present state of the law it is not illegal to bury the body of a person whose death has not been registered, liability to a penalty of ten pounds is incurred if the registrar of the district is not informed within seven days of the burial.

ARMY MEDICAL SCHOOL AT NETLEY.

ON Friday, the 30th ult., at the close of the fifty-fourth session of the Army Medical School, the results of the examinations were declared, and the various prizes instituted in connexion with the school were given to the successful candidates by Sir Henry Acland, K.C.B., F.R.S., in the presence of Sir T. Crawford, the Director-General, Sir Galbraith Logan, retired Director-General, and a number of distinguished officers of the British and Indian Medical Services. Sir Henry, in his address, paid a well-merited tribute to the valuable labours of Sidney Herbert, Edmund Parkes, and Florence Nightingale in connexion with the department, and bore testimony to the important services done in the promotion of sanitary science by the medical officers of the army. He impressed upon the students the necessity, in these days of progress, of increased attention in scientific and literary culture, and appealed to them to be careful to maintain the character of Englishmen and English gentlemen. After the conclusion of the official work the company adjourned to the ante-room of the mess-house, where Sir Galbraith Logan presented to the Director-General, on behalf of the Army Medical Staff, a portrait of Sir Thomas Longmore, to be hung in the ante-room. It is a three-quarter-length portrait, by Mr. George Reed, and was exhibited last year at Burlington House. It was painted for a number of the medical officers of the British and Indian Services, who desired, as a recognition of the services of Sir Thomas Longmore, to place his portrait in the chief scene of his work. At the same time an illuminated address in an album was presented to Lady Longmore. Sir Thomas returned thanks for himself and Lady Longmore, after which the company adjourned to luncheon in the mess-room. A list of the successful candidates for commissions and of the prizemen will be found in another column.

"SUSPICIOUS" DISEASE IN SPAIN AGAIN.

A NUMBER of "suspicious cases" have recently occurred in Madrid, which some people, remembering how, at the beginning of the last outbreak of cholera, all the cases were returned merely as "suspicious," are afraid are veritable cases of that disease, especially as it is raging in Sicily at the present time, and there is a good deal of communication between Italy and Spain. The leading medical journal remarks that cholera has never been known to break out primarily in an inland town without previously manifesting itself on the coast. The idea was started that the persons attacked must have drunk poisoned milk, and the milk, or at least some milk, was sent to the municipal laboratory, where nothing more injurious than a little carbonate of soda was detected. It was then suggested that white lead might have been put into the milk in mistake for carbonate of soda. This, however, would appear to be most unlikely, and, as carbonate of lead is insoluble, detection would have been tolerably certain. Altogether there would seem to be an entire want of positive evidence to indicate the milk as the source of infection, especially as it is stated that many of the affected persons had not been in the habit of drinking milk. This is said to have been notably the case in a deaf and dumb asylum, whose inmates, together with the servants and teachers, have been amongst the sufferers. The food sold in the town has also been examined, with the usual result that a good deal of it was found to be adulterated. Still, nothing has been discovered to prove that any large quantity of

arsenic, lead, or other toxic substances capable of producing colic and intestinal disorder has been mixed with the food; so the origin of the "suspicious cases" still remains involved in obscurity, though it is to be hoped that it will not be allowed to remain in that condition, even should the malady be found to be of a zymotic character.

DEATH OF THE CROWN REPRESENTATIVE OF SCOTLAND.

THE death of Dr. Fergus is noticed in our obituary columns. It is a lamentable occurrence, of which we cannot forbear editorial notice. Dr. Fergus was a conspicuous citizen of Glasgow, a leading medical practitioner, and a much-respected member of the Medical Council. He was one of three brothers who all made their mark in our profession. His late brother John was an able physician and Professor of Medical Jurisprudence in King's College. His brother Walter died but recently, and was for over thirty years medical officer to Marlborough College. Andrew Fergus was one of those men who are invaluable in any community or body with which they happen to be associated. Cholera invaded Glasgow on two occasions, and found a spirited enemy in Fergus. He not only seized the practical points of treatment, but was one of the first to grasp the true principles of sanitation and to give them that impetus which has made Glasgow comparatively healthy. Besides the high offices he held in the profession, and in spite of his large practice, he found time to serve in the Town Council for several years, and to be a leading politician in Glasgow. He had the honour, not enjoyed so far by any general practitioner, to be chosen, in the time of Lord Beaconsfield's ministry, to represent the Crown for his Division of the kingdom.

ST. ANDREWS GRADUATES' ASSOCIATION.

THE annual meeting of this Association was held at 11, Chandos-street, Cavendish-square, on the afternoon of Tuesday, July 26th. Drs. B. W. Richardson and J. H. Paul were re-elected president and hon. treasurer respectively, the former having held office thirty, the latter twenty-eight years. The account of the hon. treasurer showed a balance of £65 16*s.* 9*d.* in favour of the Association. A contribution of twenty guineas was voted to the students of the University to assist them in founding a Students' Union similar to the well-known institutions at Oxford, Cambridge, and Edinburgh; and the Association requested and obtained permission of Surgeon-General Gordon, C.B., to print a limited number of copies of his Address on Medicine in Ancient India for distribution among the members of the Association.

THE ALLEGATION AGAINST A HOSPITAL.

ANOTHER charge against one of our large hospitals has recently been published. It is stated that a man who was seriously ill was refused admittance to the hospital, although producing an order for admission from his club doctor, and was sent in a condition of grave danger to the infirmary, where, after much difficulty, he was admitted. We have caused inquiries to be made, and find that the man was examined and found to be in a maniacal state after a fit in the street, and a club certificate was produced which said that he was under treatment for epilepsy. There was no cardiac disease; and as a man in the condition of the patient was able to be moved he was sent to the infirmary—cases of such character, unless of the greatest gravity, not being admitted to the hospital. No recent order for admission was produced, and the doctor who sent him could not have known the rules of the hospital, to the medical staff of which it is, of course, left to say when a patient is a proper case to be admitted. The friends appeared to have acted upon the suggestion of the hospital authorities, and made no objection as to removal. It is, of course, right that such complaints should be considered, but surely it is also right that the members of hospital staffs should not be annoyed in the discharge of their duties by charges which only require investigation to be disproved.

SOUTH LONDON AND THE HOSPITAL SUNDAY FUND.

MR. NELSON HARDY, in a letter to the *Standard*, complains that the south of London gets less out of the Hospital Sunday Fund than it sends. We would remind Mr. Hardy of the dictum of a great authority that "it is more blessed to give than to receive." It has been the happiness of South London to be well supplied by two large and rich hospitals, endowed generously by the liberality of men who lived long ago. Such endowed hospitals have been excluded, with general approval, from the benefit of the Fund. Should they unfortunately become dependent, like other hospitals, on casual and voluntary support, they might come to claim a share of the Hospital Sunday Fund. But it is too soon to anticipate such an unhappy state of things. The other ordinary and unendowed hospitals on the south side of the metropolis receive grants on the same principles precisely as similar institutions in other parts of London. Mr. Hardy's complaint should be fairly stated at the annual meeting of the constituents, as well as to the Distribution Committee.

THE SMOKE NUISANCE ABATEMENT BILL.

THIS Bill, of which we gave some account last week, suffered shipwreck in the House of Lords on Monday evening. The opposition took the somewhat unusual shape of an amendment, on the motion to go into committee, to the effect that before the law for the prohibition of smoke is extended to private dwellings, it is desirable that the purpose and intention of the existing Acts be more fully carried into effect either by amendment or better administration. Upon a division the amendment was carried by a small majority, and in view of the objections to which we have already referred we cannot greatly regret the loss of the measure. Our own view found fitting expression at the lips of the Lord Chancellor, who is reported to have said that although he sympathised with the objects of the promoters of the Bill, the measure itself was so ill-digested clumsy, inconvenient, and totally inoperative for the purpose for which it was designed, that he hoped it would not be agreed to.

SCENES AT EXECUTIONS.

NO one can pity the despicable coward who, having murdered his victim in cold blood, crouches in horror before the scaffold on which the penalty of his crime is to be paid; but it is discreditable to our administration of justice that the execution of the last dread sentence of the law should be the occasion of a scene in which the malefactor has to be "half-dragged and half-carried by five warders" to doom, and when on the scaffold struggles so violently that the executioner has difficulty in performing his hideous task and is "quite unnerved." We cannot desire that the punishment of death—so long as it is inflicted for deterrent purposes—should be shorn of its terrors to the public mind; but we do most certainly think that there should be no room or occasion for scandal in connexion with its infliction, and it *is* a scandal that the victim should be able to recoil or resist. Electricity and the lethal chamber have been again and again suggested as alternative modes of putting murderers to death. The authorities do not, it would appear, feel justified in adopting either of these expedients.

We confess that our sympathies are with those who entertain a fear lest luxurious and easy modes of execution might deprive the gallows of the very little moral influence it at present exerts. Meanwhile, it must not be forgotten that something is due to the sentiment of humanity which is supposed to pervade that section of the nation which is not, at least overtly, criminal.

THE PRESENT AND FUTURE OF WORKING WOMEN.

WE have felt it to be our duty to draw public attention in former issues of this journal to the hard conditions which trade custom has with singular injustice assigned as the lot of very many working women. It is therefore with lively satisfaction that we notice the indications of a systematic endeavour on the part of certain representative members of the community to understand, and as far as possible to alleviate, the hardships of a class whose troubles are certainly greater than its complaints. Mr. Walter Besant, in a recently published letter, proposes the meeting of a conference towards the end of the present year to discuss the whole question of female labour, and a committee, including several well-known names, has already been appointed to carry the scheme into execution. Overwork and underpay, it has been truly said, are terms which briefly describe the purport of the market regulations under which women in the present day find employment. The inordinately long working period, the wage, far too often absurdly inadequate to the effort, which it pays, the evil of close and ill-ventilated workrooms, the absence of necessary conveniences, and the very faulty dietetic arrangements, each of them a common grievance in the world of warehouse life, will, we cordially hope, receive due consideration in the deliberations of the coming congress. It is, however, most necessary to the fruitfulness of its praiseworthy endeavours that the body of evidence bearing upon the condition of working women, in its moral, social, and monetary aspects, should be as full as inquiry can make it within the time allowed for investigation. We would therefore strongly advise the many men and women whose daily visitations bring them in contact with the industrious poor to collect and forward all possible information bearing upon this important subject to Mr. Besant, at the Adelphi Hotel, Adam-street, Strand, W.C.

GASTRIC MOVEMENTS.

DR. GRUNDZACH reports in a Polish medical journal some cases of "atrophic catarrh" of the stomach where the glandular elements were considerably atrophied, and where the gastric juice existed only in very small quantity, and contained scarcely any hydrochloric acid. Notwithstanding this, the gastric movements were normal, so that the food did not remain longer than usual in the stomach, thus proving, according to the author's view, that the acidity of the contents of the stomach is not, as many physiologists teach, the cause of the gastric movements.

THE DRAINAGE OF MELBOURNE.

THE necessity of maintaining the purity of rivers is beginning to be felt by some of our colonial fellow-subjects. Steps, for example, are being taken in Melbourne to improve the condition of the Yarra Yarra, which, it seems, is made to receive the whole of the sewage of the city as well as the refuse of numerous manufactories situated on the banks of the stream. The *Age* suggests the adoption of a system of drainage similar to that in existence in London; but we would hope that the citizens of Melbourne will exercise foresight sufficient to enable them to avoid the mistakes which Londoners have made in respect of sewage disposal.

DR. KLEIN ON THE GROUSE DISEASE.

OUR contemporary the *Field* published in its issue of July 23rd a report by Dr. Klein of an inquiry he has been undertaking into the nature of the grouse disease, which has been prevalent on the moors of Ayrshire and Cumberland during this spring and summer. He visited several moors, and examined a large number of birds the subjects of the disease. The most constant anatomical changes were congestion of some parts of the intestines, great congestion and discolouration of the liver and kidney, and in some cases also of the lung. In some cases there was peritonitis. In all the birds tæniæ (T. calva) were present in the small intestine, in some in great numbers; and in one or two instances there was perforation of the bowel, other than from the effects of shot. Of the three views hitherto advanced concerning this disease—viz., that of Dr. Farquharson that it is of the nature of an infective disease, that of Dr. Cobbold that it is due to the strongylus pergracilis in the intestine, and a view advanced sixty years ago that it is due to penetration of the intestine by tæniæ,—Dr. Klein was at first disposed to accept the last, for he found no evidence of pathogenic microbes in the organs and tissues, and none of the birds examined contained the strongylus, whereas in all tæniæ occurred. But he was soon led to abandon this idea, seeing that the tapeworms occur in grouse which have not died of the disease, and that the presence of these parasites would not account for the diseased condition of the liver. Accordingly, he submitted the liver to microscopical examination, and detected in suitably prepared specimens certain corpuscles about two to four times the diameter of the liver cells. These bodies occurred in large numbers, and were of various shapes—cylindrical, spindle-shaped, irregularly elongated, or furnished with processes. They were nucleated protoplasmic bodies, and were apparently of the type of fungi known as plasmodia. In some of the larger branches of the veins of the liver forms were met with resembling spores of plasmodium. The presence of such fungi in the blood-vessels of the liver, and perhaps of the intestine also, would sufficiently account for the morbid changes detected; but Dr. Klein reserves his final conclusions until these bodies have been studied in the fresh and living state, and their distribution in the diseased animals and the mode of entrance into their bodies have been ascertained.

COCAINE INTERNALLY.

DR. L. FREY, of Békés, having as a patient a young woman who had mitral insufficiency and hypertrophy of the heart associated with hyperæsthesia of different parts of the body, which caused extreme irritability of the stomach and constant vomiting, so that for some days she had scarcely twenty minutes' intermission, tried digitalis, opiates, ice, cold applications, &c., but without any effect. He then determined to try cocaine internally. He gave three-quarters of a grain dissolved in water, which was followed by a cessation of the attacks of vomiting for two hours; another dose gave the patient six hours' rest, after which a violent attack of vomiting came on. The third dose stopped the vomiting altogether, after which all the other symptoms from which the patient suffered rapidly improved.

DEATHS OF EMINENT FOREIGN MEDICAL AND SCIENTIFIC MEN.

THE deaths of the following foreign medical and scientific men are announced:—Dr. Loneg, formerly Professor of Medicine in the University of Utrecht.—Dr. Lubanski, formerly of Val-de-Grâce, the author of the feuilletons in *L'Union Médicale*, signed with the *nom de plume* "De Bray."

THE CROWN PRINCE OF GERMANY.

THE base of the growth having become slightly more elevated at one point, Dr. Morell Mackenzie has thought it desirable to apply the electric cautery at this spot. For this purpose his Imperial Highness came to London on Tuesday, and an application was made the same day. The result was found to be entirely satisfactory on the following day, no inflammatory reaction having been set up, and the Crown Prince returned to Cowes on Thursday. The general health is excellent, and the voice very good.

MEDICAL HONOURS.

ON the 2nd inst. the Queen held an Investiture of the Orders of the Bath and St. Michael and St. George at Osborne. Amongst others the following Knight Commanders of the Order of the Bath were introduced into the presence of the Sovereign who conferred upon them the honour of Knighthood, and invested them with the insignia of the respective divisions of the second class of the Order into which they have been admitted—viz.: Military Division: Surgeon-General John Harrie Ker Innes; Inspector-General of Hospitals William Mackenzie, M.D., Indian Medical Service; Inspector-General of Hospitals and Fleets James Jenkins, Royal Navy. Civil Division: John Simon, Esq., M.D., late Medical Officer, Privy Council Office; Arthur Mitchell, Esq., M.D., Commissioner in Lunacy in Scotland.

THE CHOLERA.

THREE fatal cases of cholera are officially reported as having occurred this week at Malta. The authorities appear to be doing what they can to prevent the spread of the disease by removing suspicious cases to the lazaretto, and by thoroughly cleaning out the houses. In consequence of the existence of the malady on the island, quarantine is imposed at Gibraltar and Madrid on vessels arriving thence. At Catania the disease during the last week has not, it appears, diminished in violence, from fifteen to twenty deaths being recorded daily. The disease has extended to the prisons and monasteries. In the provincial towns (especially at Anderno, Paterno, Francofonte, and Cerami) the epidemic seems on the increase, whilst more favourable reports come from Syracuse and Calabria. According to a recent telegram from Bombay, cholera prevails to a serious extent at Peshawur, where 300 deaths occurred from the disease during July.

THE LETTING OF UNHEALTHY HOUSES.

IN one sense we are glad to find that actions for damages against landlords for letting houses in an unwholesome state are on the increase. Recently a case has been tried before Mr. Justice Cave at the Maidstone Assizes. The plaintiff alleged that a house had been let to him on the assurance that the sanitary arrangements were perfect, but that in consequence of the drain defects blood-poisoning and other illness affected his family, necessitating abandonment of the house, medical fees, and resort to the seaside for convalescence. The peppermint test as applied to the drains revealed leakage into the house of sewer air, and both as to this point and the sickness a number of witnesses were called. The defendant, himself a builder, was ready with a large number of witnesses to prove the precise contrary, but in the end the jury returned a verdict for the plaintiff for £142 and £60 damages. On behalf of the defendant notice of appeal was given, and if the appeal is heard we may have some decision as to the precise responsibilities in regard to details of house sanitation, both of landlords and tenants, which will be of material value as a precedent.

UNIVERSITY COLLEGE, LONDON.

DR. GRAILY HEWITT has been appointed by the Council of University College Emeritus Professor of Obstetric Medicine in the College and Consulting Obstetric Physician to the Hospital. Dr. Angel Money, Mr. Bilton Pollard, and Dr. H. R. Spencer have been respectively elected assistant physician, assistant surgeon, and assistant obstetric physician to University College Hospital.

COMMON LODGING-HOUSES.

THE Government of New South Wales have under consideration the question whether common lodging-houses shall be administered by the police authority or by the Board of Health, and no doubt good reasons can be shown for placing this duty upon either body. There is something to be said in favour of entrusting this supervision to the police, seeing that common lodging-houses are largely resorted to by the criminal class. This argument was urged at the time houses of this nature in London were the subject of legislation, but underlying this reason was the undesirability of entrusting the power of control to existing sanitary authorities. The ventilation, lighting, warming, and general condition of these premises, and, above all, the dealing with cases of infectious disease, can more conveniently be undertaken by sanitary officials, and we may hope that the uncertainty of administration that existed in London may not in Australia be found to be sufficient reason for removing this branch of sanitary work from its natural position.

FOREIGN UNIVERSITY INTELLIGENCE.

Berlin.—The new Laryngological Clinic under Dr. Fraenkel is now in full work, and is attended by a large number of patients. It is fully recognised by the authorities as a place for study, being replete with every instrument and convenience.

Jena.—Dr. Theodore Ziehen has joined the Medical Faculty, his inaugural dissertation being on "Sphygmographic researches on lunatics."

Lille.—M. Debierre, *agrégé*, has been transferred from Lyons, to replace M. Assaki.

Madrid.—Dr. Don Benito Hernando, of Granada, has been appointed to the Professorship of Therapeutics.

Marseilles.—M. Rietsch, *Docteur ès-Sciences*, has been appointed to the Professorship of Chemistry.

Montpellier.—The candidates for the chair of Therapeutics have been arranged in the following order:—1, M. Pécholier; 2, M. Hamelin.

Poitiers.—M. Lachaize, Professor of Anatomy, has been transferred, at his own request, to the chair of Physiology. M. Buffet-Delmas will now lecture on Anatomy.

DURING the present summer session there have been 8512 medical students in the universities of the German Empire, who have been distributed as follows:—Berlin, 1140; Bonn, 371; Breslau, 390; Erlangen, 262; Freiburg, 433; Giessen, 119; Gottingen, 248; Greifswald, 528; Halle, 330; Heidelberg, 240; Jena, 213; Kiel, 292; Konigsberg, 270; Leipsig, 713; Marburg, 302; Munich, 1186; Rostock, 121; Strassburg, 221; Tubingen, 272; Wurzburg, 861.

COMPLAINTS have reached us as to the method of conducting the recent examination for the diploma in Public Health at Aberdeen University. We refrain from comment until we have made thorough inquiries.

A BACTERIOLOGICAL INSTITUTE is to be established at Tiflis. Some £500 is available for the purchase of instruments.

THE death, on the 17th ult., from pneumonia, of Dr. Joseph D. Hutchison of Brooklyn, is announced. For several years Dr. Hutchison served as Health Commissioner of Brooklyn, and he was also the author of several works and papers on Surgery. He was a delegate to the International Medical Congress held in London in 1881.

THE commencement of a new Spanish journal to be devoted to military medicine and surgery is announced. The title is *La Revista de Sanidad Militar*. The editors are Drs. Aycart and Quintana. A Spanish naval medical journal is already in existence.

THE Commission sent by the Italian Government to Catania with a view to examining on the spot the best means of combating the cholera epidemic, has just been reinforced by Professor Mariano Saluzzo.

THE Italian Government has just created a corps of sanitary police, and has placed at the head of the new body, Dr. Pagliani, Professor of Hygiene in the University of Turin.

AT the ordinary weekly meeting of the Cardiff Board of Guardians on the 30th ult., Dr. Paine announced that the epidemic of small-pox recently raging in that town had practically passed away.

THE twelfth Congress of the Italian Medical Association will be held this year at Pavia, from the 19th to the 24th of September.

Pharmacology and Therapeutics.

AN IMPROVED CAUSTIC PASTE.

DR. JULES FELIX, of Brussels, having found existing caustics unsatisfactory from the great pain which is caused by their application, from the difficulty of limiting their action precisely to the part desired, from their deliquescence and from various other causes, has devised a form of caustic paste which he has been using for some time past with the best results. It does not cause severe pain or set up any general reaction; the eschar is hard and well defined, so as to be easily detached. It is also a powerful antiseptic and hæmostatic. It is not deliquescent, but keeps its consistence, which is that of putty, well, and so lends itself easily to manipulation. The hands should be wetted when applying it. They are not in any danger of being acted on. The paste is allowed to remain for from six to twenty-four hours according to the amount of eschar which it is desired to form. The formula for the paste is as follows: Mix in a mortar the following substances in powder:—Starch, 37 grms.; wheat flour, 112 grms.; bichloride of mercury, 1 grm.; dry chloride of zinc, 110 grms.; iodol pure, 10 grms.; croton chloral, 10 grms.; bromide of camphor, 10 grms.; crystallised carbolic acid, 10 grms. Then add gradually a sufficient quantity of distilled water to form a homogeneous paste without lumps of the consistence of putty. This paste will keep an indefinite length of time.

BORATE OF AMMONIUM IN PHTHISIS.

Borate of ammonium has been found by Professor Lashkevich of great value in phthisis. Internally he gives five grains three times a day in solution, either alone or combined with codeia, hyoscyamus, or other sedatives. This he finds produces a marked effect on the expectoration, and in some cases where the affection had only reached an early stage a distinct diminution of the pyrexia was observed. The solution was also employed with advantage as an inhalation (in the form of spray?), reducing the expectoration and alleviating irritating and painful conditions of the mouth and throat.

ALKALINE MERCURIAL SOAP AS AN ABSORBENT.

Dr. Svetukhin, chief of Professor Lashkevich's clinic in St. Petersburg, in some therapeutic notes contributed to the *Russkaya Meditsina*, mentions that various preparations have been recently employed in the wards for the purpose of promoting absorption of pleuritic effusion. Iodine ointment is too mild and too slow in its action to answer the purpose, and the odour of iodoform ointment is so strong that it interferes too much with the comfort of the other patients, and so is found to be unsuitable for hospital practice. It was found that iodine ointment could be advantageously supplemented by soft soap (sapo kalinus viridis) inunctions, or by rubbing in unguentum hydrargyri. The most valuable of all applications for this purpose was, however, found to be a preparation called sapo kalinus hydrargyrosus, which is made by mixing in certain proportions metallic mercury, unguentum hydrargyri, caustic potash, and olive oil, so that the resulting soap contains a third of its weight of mercury, the unguentum hydrargyri of the Russian Pharmacopœia containing half its weight of mercury. This is agitated with hot water so as to form a good froth and lightly rubbed into the skin. It has the advantage over ung. hydrargyri in being much more easily rubbed in, in not irritating the skin and thus causing eruptions, and, lastly, in not so rapidly setting up stomatitis or salivation. From half a drachm to a drachm of this mercurial soap is used for each inunction. After from six to ten applications some diminution may be detected in the effusion, and after twenty inunctions the whole is usually found to have disappeared. Of course, favourable results can only be looked for in cases of simple effusion; they cannot be obtained in empyema.

CYANIDE OF ZINC IN CARDIAC AFFECTIONS.

Cyanide of zinc exerts, according to Professor Lashkevich, a beneficial effect on some cardiac cases which cannot be obtained by other means. In cardiac neuroses it acts quickly and certainly. Palpitation, want of rhythm, and pain in the region of the heart are quickly affected, sometimes indeed cured, by this drug. The dose is from a tenth to an eighth of a grain three times a day. Similar beneficial effects are produced when there is organic cardiac disease. The regulating action of cyanide of zinc in valvular insufficiency is less marked than its effect on cardiac neurosis; nevertheless, there were cases in the wards where it acted better than other cardiac remedies, as digitalis, convallaria majalis, adonis vernalis, &c. In this respect it acted particularly satisfactorily in cases where other remedies could not be given without producing derangement of the gastro-intestinal system. Here it improved the action of the heart, thus increasing the secretion of urine, moderating the pulse, and diminishing the dropsy due to irritation of the gastro-intestinal canal. In a case of nervous palpitation with hysterical anuria, cyanide of zinc diminished the palpitation, and at the same time caused the secretion of urine to recommence.

A NEW SOURCE FOR BORAX.

From some analyses made by Señor Emil Eisele of Valparaiso, and by Mr. J. Clark of London, of several samples of crude Chilian borax, it would appear that Chili is capable of producing at least as good borax as California, the quality being equal to a good deal of that which comes from Italy. The attempts which are being made to open up a borax industry in Chili would therefore seem likely to prove successful.

CARBOLATE OF MERCURY IN SYPHILIS.

Dr. Schadeck has employed carbolate of mercury both internally and hypodermically in syphilis with remarkable success. He gave it in thirty-five cases in the form of a pill without finding it give rise to any gastric disturbance. The formula was—R Hydrargyri carbolici oxydati, 3 dr.; pulv. glycyrrh. q.s. ut f. massa pil. ex qua form. pil. No. 60; from two to four pills daily after food. This preparation was originally used by Gamberini in 1886. Dr. Schadeck also employed the carbolate of mercury in ten cases in the form of hypodermic injections, which he administered in the glutal region, causing the needle to penetrate the muscles deeply. The liquid used was a mucilage containing 2 per cent. of carbolate of mercury in suspension. In this way his results were as satisfactory as when the preparation was given by the mouth.

BRITISH MEDICAL ASSOCIATION.

FIFTY-FIFTH ANNUAL MEETING,
HELD IN DUBLIN, 1887.

THE annual meeting was held this year in Dublin, and commenced its sittings on August 2nd. When contrasted with similar gatherings, it must be regarded as having been an unqualified success. Although the real work of the Association did not commence until Tuesday, yet Monday was a busy day at the reception-room, which was crowded by visitors from an early hour.

On Tuesday, at 11.30 A.M., in the Examination Hall, Trinity College, the first general meeting was held. Dr. Withers Moore, the out-going President, referred to the love and veneration felt towards Dr. William Stokes, who was present at the previous Dublin meeting. He could not have believed that the prosperity of the Association could have increased so rapidly. He thought they should not depend too much on their excellent representative Council, but principally on the professional ardour and the goodwill of individual members. He had now the pleasure of introducing their distinguished President, Dr. Banks, and he offered him his sincere wishes for a happy and prosperous year of office. Dr. Banks then took the chair, and offered on the part of the Branch Council a most cordial welcome to the members of the Association. Mr. Wheelhouse of Leeds moved that the thanks of the Association be offered to Dr. Withers Moore, and that he be elected a vice-president for life. Sir Thomas Crawford seconded the resolution and spoke highly of the courtesy of Dr. Withers Moore. Dr. Banks put the resolution, which was passed by acclamation. Dr. Moore responded in suitable terms.

Sir WALTER FOSTER moved the adoption of the Report of Council, of which the following is an abstract:—

In response to an invitation from the medical corporations, colleges, and the profession in Dublin, the Association have again the privilege of holding its annual meeting in Dublin, a city not less renowned for the zeal and ability of its scientific workers than for its genial hospitality and the charm of its social life. The Association continues to increase both at home and abroad, and at present 400 new members await the completion of the formalities necessary for their due election. The financial condition of the Association is satisfactory, and the investments amount at present to £17,566. The Parliamentary Bills Committee has been largely occupied with the question of the abolition of relative rank and its consequences to army medical officers, and has determined to use its best endeavours to obtain such a distinct acknowledgment of their rank as shall be satisfactory. The Committee of Medical Defence has felt itself unable to recommend the Council to lend the support of the Association to the proposed "British Medical Defence Society." The Scientific Grants Committee has made grants to the amount of £345, of which £63 8*s*. 10*d*. has been returned unexpended. The Middlemore Prize for the best essay on "Discoveries in Ophthalmic Science" has been equally divided between Messrs. Berry and Frost; and the Stuart Prize has been presented to Dr. Cory for an investigation as to the communicability of syphilis in vaccination. As regards the payment of the travelling expenses of the Branch representatives on the Council of the Association when attending meetings in London, the Council have approved of the following resolution:—That in the opinion of the Journal and Finance Committee it is essential for the welfare of the Association that a sum of £2000 should be invested out of the surplus every year, and that the payment of the expenses of members of the Council should be by fees as follows: members residing within 100 miles of place of meeting, one guinea; over 100 miles, two guineas; over 250 miles, three guineas; and over 400 miles, five guineas.

Sir W. FOSTER spoke of the present meeting as likely to rival any other meeting of the Association, and referred to the loss they had sustained by the death of Dr. Chadwick, whose place they could not well fill.

An amendment was moved to the adoption of the report by Dr. STRANGE, who, although a member of Council and an ex-president of the Association, spoke against the payment of representatives. On several occasions it had been brought forward and regarded as uncongenial to the spirit of the Association, and quite foreign to their feelings. The Branches had been asked their opinion, but not the Association directly. He looked on the proposal to pay the representatives as a new departure, and one which should not be taken. It would also, if adopted, cause enormous expense.

Mr. HOLMAN, in a few words, seconded the amendment.

Mr. FITZPATRICK thought the payment of travelling fees only as a desirable proposal, and was of opinion that it was the object of the present Council to try to keep out the provincial members of Council.

Mr. HART stated that, on the contrary, the Metropolitan Branch were in favour of representatives being paid.

Dr. JOHN INCE thought payment was objectionable, and that a mercenary spirit prevailed too much among the profession.

Dr. CHARLES DRYSDALE spoke in favour of provincial representatives being paid.

Mr. HART said that the opinion of the Council had been taken three times, and they objected to it; on the fourth occasion they relented, and a vote of the Branches was taken on the subject.

Mr. JACOB believed that the interests of representatives of provincial Branches should be considered in the matter, as, practically, the management of the Association was in the hands of the London men.

Mr. WHEELHOUSE said that although he should not feel degraded by taking his fare, yet felt it might well be spent on other objects of usefulness.

Mr. THOMPSON (Omagh), as a provincial surgeon, also spoke against the payment of representatives.

The amendment was carried by a large majority—57 to about 12—and then put as a resolution.

Mr. FITZPATRICK moved as an amendment that first-class fares should be paid, which was lost by a large majority.

The meeting adjourned for an hour, and on re-assembling,

Sir W. FOSTER moved, "That the best thanks of the Association be given to Mr. N. C. Macnamara for his able services as treasurer during the past three years, and for the great interest he had shown in the welfare of the Association, and that he be elected a vice-president for life."

This was seconded by Sir THOMAS CRAWFORD, K.C.B., and passed unanimously.

Mr. MACNAMARA said it had given him much pleasure during the past three years, as the work was congenial; but he thought all the credit was due to Mr. Fowke, who was always ready in the interests of the Association.

Professor GAIRDNER moved that Mr. Holman be appointed treasurer for the ensuing three years, which was seconded by Dr. MYRTLE, of Harrogate, and carried unanimously.

Mr. HOLMAN duly returned thanks.

Mr. HART moved the Parliamentary Bills Committee's Report, and said with regard to the army medical officers, the committee had received the thanks of many hundreds of the medical officers for what they had done in their behalf.

Mr. SIBLEY seconded the adoption of the report.

Sir THOS. CRAWFORD, K.C.B. (Director-General of the Army Medical Department), regretted to find fault with the action of the committee. He promised that while he had a connexion with the medical department of the army he would do everything in his power to bring its officers into harmony with the civil members of the profession. In January last certain alterations had been made in the pay warrant, and amongst these changes was one which included the whole staff of the army. Statements had appeared in the *British Medical Journal* to the effect that the new Warrant had deprived medical officers of the only rank they held in the army. Week after week the statement was reiterated that the only rank which army medical officers possessed had been abolished. He maintained that this was not so, and that the Queen's Commission issued to every officer showed it. He read the terms of the commission which surgeons held in the army, and pointed out that there was no reference in it to relative rank. The Secretary of State for War had written that the new Warrant had not affected the rank of any medical officer in the army. Relative rank, Sir Thomas Crawford stated, was not the only rank the medical officer possessed, and he could not agree in the statements made regarding relative rank by the *British Medical Journal*, the tendency of the articles in that *Journal* being to mislead the public and the army at large. He believed that army

medical officers had not lost, but rather gained, by the late Warrant. All these changes in the working of the Army List had been done by himself, and not by the Secretary of State. He maintained that the army medical officers had not lost anything, but the *Journal* had stated the reverse. He thought it right to say that, as regards the making of complaints by those who believed they had a grievance, no man's mouth was shut, and anyone could lay his grievance before his chief, or even bring it before the Secretary of State, without being in danger of being treated unjustly. Mr. Hart had addressed the medical officers of the army asking for answers to be filled up, treating it as a confidential document, and promising to publish only an analysis of the returns sent in. He thought that the titles suggested for army medical officers by the editor they had no real claim to, and he regarded those titles as a degradation.

Dr. JOHN INCE, as a retired surgeon-major of the Indian army, thought the subject of relative rank was rank rubbish, and trusted the editor would at once extinguish the disagreeable subject. A medical officer would be always ranked according to his own medical and professional position.

Deputy Surgeon-General JOYNT thoroughly endorsed all that Sir Thomas Crawford had said.

Sir THOMAS CRAWFORD then proposed as an amendment that the paragraph on relative rank be omitted from the report, and referred back to the Council for reconsideration.

Dr. HAUGHTON approved of the matter being referred back for consideration. When will it come on again?

Sir THOMAS CRAWFORD.—In about twelve months.

Mr. HART.—Oh no; it will come on at the committee meeting in October.

Dr. HAUGHTON.—Then let it go back.

Mr. HART said that the whole of the Medical Department of the army was boiling with discontent.

Sir THOMAS CRAWFORD rose to order. There was not, within his knowledge, a single representation to any of the authorities to such an effect.

Mr. HART said that the opinions stated there that day were the opinions of an enormous majority of the medical officers of the army. When Sir Thomas stated that he had no representation to that effect officially, it only proved that the representations were not officially made to Sir Thomas Crawford. If any officer individually made such a complaint it would not hasten his selection for promotion.

Sir THOMAS CRAWFORD said the editor of the *British Medical Journal* was not justified in making such a statement as that. There was no justification for making such a statement about his (Sir Thomas Crawford's) management of his department, and to say that officers were "selected" was wholly unwarrantable.

Mr. HART said Sir Thomas took a wrong view of his observations. What he (Mr. Hart) said was that the medical officers of the army and the combatant officers were under this disadvantage—that if they felt that they had a grievance and held views which were known to be held in disfavour by the heads of their department, they were not allowed to make any collective statement, and if they individually made statements, rightly or wrongly, they felt that they were doing themselves an injury. The Secretary of State for War in the House of Commons refused to allow the medical officers to make a collective statement, and the Parliamentary Bills Committee of that association had done its duty in allowing the officers to express their opinions, which collectively they dare not do. He (Mr. Hart) considered it very disadvantageous to the service that these outbreaks should be given publicity to, and for weeks he refused to insert any letters on the question. The letters he received, however, grew in number, and telegrams collectively from officers, saying, "This station is in a state of the greatest discontent; the answer of the Secretary for War is causing the greatest dissatisfaction," were daily received by him. It was only the other day that he received from India a telegram signed by 200 medical officers, and enclosing a very handsome cheque, which he did not ask for, "to pay the expense of circulars to take individual opinion." What had been done was done with the sanction and by the advice of the most eminent men in the army, and their desire was to obtain the wishes of the service. With this view they had issued a circular asking each officer which of the suggestions he would approve of. One of the gentlemen had said that the agitation proceeded from a low source.

Sir THOMAS CRAWFORD explained that this expression was used in a letter which he had read, and was not used by him personally.

Mr. HART said those who were moving in the matter were men occupying the most eminent positions.

Mr. MACNAMARA said he was in the army for many years, and never had the slightest hesitation in approaching the head authorities and making known any grievance he had. The circular was clearly an incitement to the officers of the British Medical Service to insubordination. (No, no.) The British Medical Association was tempting them to commit an act which they were afraid to commit in any other way. Why don't they go to Sir Thomas Crawford or the Secretary of State? As an officer of long-standing in the service, it went very much against his feelings to hear that the British Medical Association should in any way countenance action of this kind.

Sir THOMAS CRAWFORD read an annotation to a communication which appeared in the *British Medical Journal* of May 7th, and which urged that the grievances of the service should be taken up by the colleges and other schools, and that Mr. Hart would give all information to those requiring it.

Mr. HART.—Hear, hear.

Sir WALTER FOSTER said he had been very much struck by the very able statement of Sir Thomas Crawford. He was also struck by the fact that three retired medical officers had got up to support him. From this they were justified in saying that the universal discontent referred to does not exist.

Mr. HART.—I will not object to the matter being referred back, provided that is not regarded as a vote of censure on the committee.

Sir THOMAS CRAWFORD said he had endeavoured all along to convey that he intended no censure.

The report was, after some further conversation, referred back.

Dr. NORMAN KERR moved that the Report of the Committee for Legislative Restriction for Habitual Drunkards be received and adopted, which was seconded by Dr. E. P. THWING of New York, and adopted.

The meeting then adjourned until 8.30 the same evening, when the President delivered his address. In this Dr. BANKS, following the example of many of his predecessors, confined himself to matters of local interest, particularly those connected with the Dublin medical institutions, and the changes and improvements which twenty years have brought about. He commenced by giving a historical sketch of the connexion of medicine with the Dublin University, a brief account of the College of Physicians and the careers of some of the most famous of its early Fellows, the Dublin School of Medicine, and the Royal University of Ireland, and concluded by defending the Association from a charge which had been brought against it, and others of a cognate character—namely, that its members met chiefly, if not altogether, for amusement and recreation. To this he gave an emphatic denial, for labour took the first place, and then came recreation and social intercourse, the value of which, he admitted, was highly appreciated. Virchow, in his address at the last meeting of the Association of Naturalists and Physicians at Berlin, after pointing out that the greater part of the time at their disposal should be devoted to earnest work, said: "Aber nach der Arbeit ziemt es zich wohl der Erholung und dem freundschaftlichen Verkehr ihr Recht zu lassen." The original statutes of the Association laid it down that the chief object of the meetings was to make the members personally known to each other. No one proclaimed this with more force than Alexander von Humboldt in opening the meeting fifty-eight years since. He said: "Die Hauptzweck dieser Gesellschaft ist die persönliche Annäherung derer welche dasselbe Feld der Wissenschaft bearbeiten."

At the conclusion of the address Sir WALTER FOSTER suggested that some outstanding business should be transacted before the meeting separated.

A vote of thanks to the President was proposed by Dr. HAUGHTON, seconded by Sir SPENCER WELLS, and adopted with acclamation. After some further discussion, which resulted in nothing, the Congress adjourned.

At the second general meeting of members, held on Wednesday, the report of the Council for the place of the annual meeting for 1888 was under consideration, and further to report the election of the President of Council. To the latter office Mr. Bridgewater of Harrow has been elected, and the invitation from Glasgow to hold the annual

meeting for 1888 has been accepted. Professor Gairdner has been elected President-elect of the Association. The following motion was adopted with acclamation:—"That the cordial thanks of the Association be given to Sir Walter Foster, M.P., for the able way in which he has presided over this Council during the past three years, for his great attention to the affairs of the Association, and for his advocacy of the various measures in Parliament, whereby the influence and power of the Association and the medical profession has been materially advanced, and that he be and is hereby elected a vice-president for life."

The address in Medicine was then delivered W. T. Gairdner, M.D., F.R.C.P., Professor of Medicine in the University of Glasgow, an abstract of which appears in another part of our present issue.

THE PAIL SYSTEM AT MANCHESTER.

THE English system of utilising water as the motive power for conveying away the sewage of towns has never met with very unanimous or enthusiastic approval abroad. For many years, in France especially, a fierce contest has raged between those who would imitate the English example and those who, on the contrary, maintain that a sewer is of more danger than use. As yet it is only a distant echo of the dispute that reaches our shores. We receive scientific deputations who come in the name of foreign municipalities and examine our sewers; and, as often as not, return with the impression that the system would in nowise be applicable to their country. We read to-day that a very narrow majority of the Paris Municipal Council is in favour of the "tout à l'égout"; and to-morrow we shall be informed that by an equally narrow majority this, the English system, has been condemned. The same is the general result of the debates at the Société de Médecine Publique et d'Hygiène Professionelle. But in England this neck-to-neck race between the French advocates and opponents of our system of water drainage excites but little attention. Now, however, there are evident signs of awakening. Our population is increasing so rapidly that it becomes daily more difficult to know how to dispose of our sewage without contaminating our water supply. The latent feeling that a wicked waste is perpetrated by the unscientific course of throwing into rivers and the sea that which should be utilised to fertilise the soil has recently found voice. Dr. G. V. Poore, in a most powerful address delivered at the anniversary meeting of the Sanitary Institute of Great Britain, has put the question in a vivid light. So strong is this indictment of the present sewer system, that the first impression produced is the desire to know what remedy is proposed, rather than a disposition to challenge and discuss the necessity of any alteration. Dr. Poore advocates small allotments and the utilisation of household refuse and soil as garden manure. This he has tried practically and successfully; and it might be applied in new districts where the population does not exceed 100 to the acre or 50,000 to the square mile, allowance being made for roads, &c. Unfortunately, it is not everyone who has the time or taste for gardening; and, however perfect in theory, it would scarcely be safe to trust every household to bury its own soil, even though this were to produce 784 lb. of potatoes per annum for each of twenty cottages built on one acre and containing altogether 100 inhabitants.

Practically, when dealing with towns there are two methods to suggest in the stead of sewers—namely, pneumatic drainage or the pail system. For the former the best illustrations are the Berlier system as applied to the west-end of Paris, and the Liernur system of Amsterdam. In England, we have at Manchester a very elaborate application of the pail system, and under the present circumstances it will not be out of place to briefly review what has been done in this respect. For this purpose our representative proceeded to Manchester, and with the courteous assistance of Sir Joseph Heron, the town clerk, and Dr. Leigh, the medical officer of health, was able to see in all its details the application of the pail system.

It was in 1868 that the Health Committee of the Corporation of Manchester was appointed to carry out the pail system. At that time the death-rate amounted to 33 per 1000 inhabitants. The city then contained 60,000 open cesspools, which overflowed into the sewers. In some cases there was only one closet for a dozen houses. In other respects the town was in an equally benighted condition; there were no fever hospitals, no means of disinfection, no public baths, no slaughterhouses, &c. We now find that what is termed the city of Manchester has a population of 376,895, and a floating day population of 150,000 men, who come in from the neighbourhood for the transaction of business. For the accommodation of these half-million people there are 66,000 dry ash closets, 40,000 dustbins, 11,000 waterclosets, 50 public urinals, and 4000 middens, besides the conveniences provided at the railway stations. The contents of the closets and urinals flow through the drains and sewers into the little stream called the Irwell, which divides Manchester from Salford. The pollution of the Irwell, taken in connexion with the Manchester Ship Canal that is about to be built, opens out a complex question which cannot be touched upon at present, though it will demand the earnest attention of both sanitary and financial reformers.

To remove the pails containing the dry ash and soil and the metallic dustbins a staff of 240 men with 130 horses has to be maintained. The horses travel some fifteen miles a day. Each van contains twenty-four pails, and weighs, when empty, 38 cwt., and when the pails are full the average weight is 56 cwt. The closet contents and domestic refuse collected by the vans amount to about 3000 tons per week. It must, however, be noted that Manchester is a town that is especially adapted to this method. It is a town of small cottages spread over a very large space. In the central districts, where there are very large houses several stories high and closely packed, the pail system has not been applied, and it has been necessary to tolerate no less than 11,000 waterclosets for the accommodation of these more luxurious dwellings. As compared with such towns as London, the example of Manchester could only apply to outlying districts where there are cottages or villas with gardens. The Manchester pail-closet is placed at the further extremity of the back yard of each cottage. There are generally two closets back to back, and between them is the movable receptacle for the house refuse. The ash or cinder is thrown on a rough sieve, so placed that the larger cinders fall into the dustbin while the fine ash goes into the pail placed under the closet seat. A little door between the two closets opens out into a narrow passage running behind the cottages. Along these passages the scavengers or night-soil men come to fetch the pails. By opening the one door they are able to withdraw the two pails and the dustbins, and replace them by empty, clean receptacles. The one passage does, of course, for two rows of houses; and the scavengers, having emptied two closets to the right of the passage have two similar closets to empty on the left side. Thus, the closets stand in groups of four along the passage that divides the back yards of the rows of cottages. Under this passage also is often placed the drain for slop and washing water, so that it is not necessary to pass pipes through the houses to reach the street sewer for the purpose of carrying away rain or slop water. Each closet has a ventilating shaft that is carried to the roof of the cottage.

We visited a considerable number of these pail closets, some in the poorest quarters of Manchester, and most readily acknowledge that they were remarkably free from bad odours. In London, in poor quarters, it will be found that the closets are often out of order. The flushing apparatus will not work; very frequently there are no means whatsoever of flushing provided; at other times the trap is broken or stopped up, and, from one cause or another, offensive odours arise. In Manchester the worst we saw was a little superficial dirt, the evidence of carelessness, but nothing that could endanger health by the introduction of unknown quantities of sewer air. It is true that the drain in the passage behind Beaumont-street does not seem to be properly laid. The central part of the passage is at a lower level than the two extremities, and here the water had overflowed through the gullies. Unpleasant pools of stagnant water rendered it difficult to pass, and the inhabitants assured us that this was of frequent occurrence. The backyard of one of the cottages was also in a filthy state. It required re-paving; dirty water and soil had accumulated on the ground; but, with the exception of missing flagstones, there was no structural defect. The fault lay with the inhabitants, while the overflow from the drain had no connexion whatever with the pail system. The pail, it seems, is not likely to soon get

out of order, or be misused. It is removed once or twice a week, and thus no accidents can long remain unnoticed. With waterclosets grave and dangerous defects may exist which might not be detected for months or years. Altogether, so far as the risks of bad drainage are concerned, one would certainly prefer a Manchester to a London slum. The dirt, such as it is, is superficial dirt, and the odours are those of the house itself, and not of the sewers that come from great distances and receive specific germs from a vast area. One structural defect should not have been sanctioned. In several instances the ventilating shaft from the closets was built of bricks and conducted upwards within the wall of the cottage. Considering that bricks are highly porous, and that rooms are hotter inside than out, a certain amount of air from the shaft would be drawn through the bricks into the rooms. Unconsciously persons may sleep with their faces right against the porous ventilation shaft of the closet. Under such circumstances, it would be better not to have any shaft at all. The emanations of the closet should ventilate into the open, at the far end of the back yard, instead of being conducted towards the house through a porous brick shaft. Such shafts, if necessary at all, should be run up outside the walls and rendered absolutely air-tight. With this exception, and though our representative took care to visit some of the poorest neighbourhoods, the pail system seemed to work in a very satisfactory manner. The disposal of the contents of the pail represents a totally different phase of the subject, which must be reserved for another occasion.

(To be continued.)

THE LUNACY COMMISSIONERS' REPORT.

THE Report recently issued by the Commissioners in Lunacy exhibits upon the whole a very satisfactory picture of the national mental health. The annual increase of dementia, which until two years ago was the most persistent and withal the most melancholy feature of the Commissioners' annual record, has at length given place to a movement in the opposite direction, and although the aggregate number of patients under their charge is larger now than at any previous date, yet the increase both in 1885 and 1886 has been less than proportional to the growth of population, so that the percentage has fallen.

"The fact of a proportional decrease," say the Commissioners, "in the figures of last year upon those of its predecessor, which was then a solitary exception, is repeated this year. The rate has now fallen, for lunatics of all classes, to 28·64 per 10,000—a drop of ·34 since 1885. The returns of two years, however, do not afford a sufficient basis upon which to form an opinion as to the causes of this apparently favourable record; and the decline may, indeed, prove by further experience to be rather temporary than permanent."

This cautious statement is abundantly justified by the facts, and, indeed, hardly, as we think, represents their full import. Thus, turning to the table from which the above figures are taken, we observe that the proportions have been worked out not only for the total figures quoted, but also severally for eleven different groups into which they are split up. These groups, with one exception, show the same general characters as the aggregate—that is to say, the past two years have registered a reduction upon the figures to 1885. Even in the exceptional class—that of male pauper lunatics—the percentage at the beginning of 1887 was fractionally less than at the beginning of 1885, although greater than at the beginning of the intermediate year. Thus even the exceptional case falls almost within the rule, and it may fairly be said that the improved mental health of the people at large is a benefit in which all classes share. It will, we think, be evident that a feature which is thus reflected in every section of the analysed figures is much more remarkable than any merely general result, and justifies a more sanguine view respecting the public health than the Commissioners are disposed to put forward.

Turning now to the invalid community, it is obvious to remark that of the 81,000 patients under treatment at the present time, a very preponderating proportion are chronic cases in which any final recovery cannot be expected. But we are glad to notice in the present report indications of increased attention to remedial treatment, and a very gratifying improvement in the number and proportion of recoveries. It is, indeed, true that the very exceptional record of 1885 has caused that of 1886 to show somewhat badly by comparison, but as the eye sweeps the ten years' column given in the report it becomes obvious that in spite of oscillations in both directions a marked upward tendency is observable, and has, upon the whole, been well maintained until the present time. One fact to which it is impossible not to attach the greatest significance in this connexion is thus referred to in the report:—

"In the treatment of the insane, great importance should be attached to the subject of their useful employment. Our aim constantly is to encourage the efforts of superintendents to devise suitable occupations, and to induce their patients to engage in them; and, with the view of ascertaining as nearly as we can the extent to which such efforts have been successful, we have instituted a comparison of the results attained in the years 1877 and 1886 respectively. ..... We find, then, that in 1877 the numbers usefully employed at the time of our visits to all the county and borough asylums bore to the total number of patients the proportion of 56·65 per cent.; while in the year 1886 the proportion was 61·87 per cent. There has thus in ten years been an increase of 5·22 per cent."

The Commissioners add that the superintendents are fully alive to the importance of this subject, and that progressive and substantial improvement may be looked for in this direction. The difficulty, however, of finding suitable occupation, always great, is specially so in the case of the wealthier classes, who furnish patients for the most part to private licensees. Not only have the prejudices of the patients themselves to be studied, but sometimes also the less excusable prejudices of the patients' friends. In this way serious and most unnecessary obstacles are thrown in the path of the medical adviser, and for the present he must circumvent them as best he can. But it may be hoped that the gradual diffusion of information as to the true principles of sound practice in the treatment of the insane will tend to smooth away difficulties of this sort, and to secure for the practitioner in the performance of his arduous task all the assistance that is to be derived from the loyal co-operation and support of his patients' natural guardians.

ETIOLOGY OF SCARLET FEVER.

(Concluded from page 235.)

DR. J. A. RUSSELL, chairman of the Public Health Committee of the Town Council, said that the history of the recent outbreak of scarlatina in Edinburgh pointed to the impossibility of stamping out the disease, or even of limiting such epidemics, under the present conditions, where a stringent law of disease-notification exists in cities and no corresponding safeguard in the rural districts whence they draw their milk supplies. Another source of difficulty is, that it is by no means easy to diagnose slight cases of scarlatina, which are therefore those most likely to pass unobserved and to give rise to milk infection. He was not satisfied that this possible factor had been sufficiently excluded in the Hendon case. In the recent epidemic cause and effect had now been definitely brought to light, though with great difficulty, from the lack of authentic information in regard to cases of disease outside the boundary of the city. The case of the North Merchiston Board School was of great interest in showing the delimitation of infection to the area supplied with contaminated milk. At this school are children from two distinct districts, separated by the Union Canal; and it was striking to note how at the commencement of the epidemic, and for a considerable time after its outbreak, only those from the district with contaminated milk supply were affected, the other district represented at the school remaining entirely free from epidemic scarlatina. In conclusion, he strongly urged the necessity of extending the clauses of the City Police Act which deal with infectious diseases to outlying rural districts.

Dr. J. O. AFFLECK commented on the valuable work done by Drs. Jamieson and Edington, and on the impetus it had

given to the close investigation of the cause of the disease. There were certain points on which he disagreed, from personal observation, with the conclusions that might be drawn from their paper. He felt it necessary specially to insist on the fact that the disease is infectious from its very onset; that mouth and throat washes, however constantly applied, cannot prevent the risk of infection with the mucous discharges; that inunction should not be trusted to as a certain method of rendering the desquamation innocuous, and that it is of doubtful advantage, since the continuous application of a germicide substance may interfere with the healthy action of the skin. In regard to milk infection, he held that in typhoid fever it had to be recognised as a proved source of the disease. Not so with any certainty in scarlatina; and in the present instance, though it had been shown how contamination might have taken place, it had not been proved that it had in reality occurred.

Dr. HUNTER, Linlithgow, spoke of the important influence of environment upon the action of the *contagia* of disease, referring to the different effects produced by one virus, in puerperal cases, according as it gains access to the genital tract or to the system in the usual way. In the cervical glandular enlargements, the throat is probably the more satisfactory area to attack with antiseptics, as it is the source of irritation, rather than to apply counter-irritation to the neck, as Dr. Jamieson recommended. In regard to Dr. Jamieson's methods of disinfecting the throat and skin surfaces, he must say it was practically impossible, except in the case of a well-appointed hospital with abundant skilled assistance, and that in the case of children the system was peculiarly difficult.

Dr. ANDREW SMART referred to his reports on the cattle plague, published twenty-one years ago, in which he found a singular resemblance to the descriptions of the Hendon disease as pictured in the reports of Messrs. Power, Cameron, and Klein. He was convinced from this comparison that the Hendon disease was a mild sporadic type of rinderpest; and he further referred to the fact that when his reports were published he stated his opinion that the disease is the bovine analogue of human scarlatina.

The PRESIDENT asked Dr. Smart whether, in the year of the cattle plague, there was any corresponding outbreak of scarlatina among the inhabitants of Edinburgh.

Dr. SMART replied, that though he did not attach any peculiar significance to the fact, there were five times as many cases of scarlatina in Edinburgh during 1866 as in the last twelve months, although the latter period corresponded in part to an epidemic of the disease.

Dr. W. RUSSELL doubted the identity of the diseases in which Dr. Smart's pathological record showed there were certain elements of similarity. Were that identity proved, it would be difficult to explain why in countries where rinderpest is common there are not frequent epidemics of scarlatina.

Dr. JAMES RITCHIE referred to the many points that still needed discussion, and moved the adjournment of the debate, which was agreed to.

The PRESIDENT, in summing up the results of the discussion of the evening, spoke in high praise of the elaborate research conducted by Dr. Edington in Professor Chiene's laboratory. Among other points referred to, he wished especially to direct the earnest attention of the Society to the risks of infection. In bringing forward his plan of prophylaxis, Dr. Jamieson had no intention of abrogating the ordinary and very necessary precautions of isolation, and the disinfection of fomites in the usual way; and it was to be hoped there would be no laxity of view or of practice in this important matter.

The Society then adjourned.

AGRA MEDICAL MISSIONARY INSTITUTION. — The institution at Agra for training natives as medical missionaries has recently been placed in connexion with the Edinburgh Medical Missionary Society. Dr. Valentine is the principal. The students are connected with missions of every Protestant denomination; they attend the course of instruction given in the Government Medical College, and undergo the same examinations as the candidates for Government service. The cost of maintaining a student during the four years of medical study is only £64. The number of students at present is sixteen; but there is accommodation for forty.

THE ALBERT UNIVERSITY OF LONDON.

DRAFT OF CHARTER AS APPROVED BY THE JOINT COMMITTEE OF UNIVERSITY COLLEGE, LONDON, AND KING'S COLLEGE, LONDON, AND ADOPTED BY THE COUNCILS OF UNIVERSITY AND KING'S COLLEGES.

(*The insertion of the passages in square brackets* [ ] *is contingent upon the Royal College of Physicians of London and Royal College of Surgeons of England being associated with the University.*)

VICTORIA, by the grace of God, of the United Kingdom of Great Britain and Ireland Queen, Defender of the Faith, to all to whom these presents shall come, greeting.

Whereas University College, London, originally incorporated by Royal Charter and reincorporated by Act of Parliament, and King's College, London, also originally incorporated by Royal Charter, and reincorporated by Act of Parliament, lately presented to us in our Council a humble petition under the common seals of those Colleges and thereby represented to us (among other things) as follows:—

That there exists at present in London an urgent demand for the extension of the benefits of university education and for the better encouragement of learning and research, and that it is expedient there should be constituted in and for the London district a University providing for its students the best attainable teaching in all the subjects included in its Faculties, together with the necessary appliances and aids to study, and commending to its students systematic courses of teaching and methods of study, for the efficiency of which it should become responsible; and by the same petition humbly prayed us to be pleased to grant a Charter to a body of persons, to be appointed as therein described to be a University in and for the London district, having power to grant degrees in the Faculties of Arts, Science, and Medicine, with power to add other Faculties; and that we would be pleased to make such orders in the premises as to us in our Royal wisdom and justice might seem meet; now know ye that we, having taken into our Royal consideration the said humble petition, do, by virtue of our prerogative Royal, and of our special grace, certain knowledge and mere motion, by these presents for us, our heirs and successors, will and ordain as follows:—

I. *Foundation of the Albert University of London.*—There shall be and there is hereby constituted and founded a University, in and for London, with the name of the Albert University of London, by which name the Chancellor, and other members of the Albert University of London for the time being shall be, and are hereby, constituted one body corporate, with perpetual succession, and a common seal, and with power, without any further licence in mortmain, to take, purchase, and hold, and also to grant, demise, or otherwise dispose of real and personal property; which University shall have the constitution and powers, and be subject to the regulations, in this our Charter prescribed and contained; and which University is in this our Charter referred to as the University.

II. *Colleges in the University.*—University College, London, and King's College, London, shall be and are hereby constituted Colleges in the University. Other Colleges may from time to time be admitted as Colleges in the University in the manner and subject to the conditions in this our Charter prescribed.

III. [*Association of the Royal College of Physicians of London and the Royal College of Surgeons in England with the University.*—The Royal College of Physicians of London and the Royal College of Surgeons of England shall be associated with the University in the manner in this our Charter prescribed.]

IV. *Medical Schools in the University.*—The Medical Schools of University College, London, and King's College, London, shall be Medical Schools in the University. Every other Medical School in London which is recognised as efficient by any body having power to grant a qualification for registration under the Medical Acts may claim to be admitted as a Medical School in the University in the manner and subject to the conditions in this our Charter prescribed.

V. *University Degrees and Certificates.*—The University shall have power to confer degrees in the Faculties of Arts, Science, and Medicine, and in such other Faculties corresponding to the provinces of study and educational work occupied by the University as shall from time to time be determined by the Council of the University, on all persons, male or female, who shall have pursued a regular course of study in a College or Medical School in the University, and shall submit themselves for examination. Provided that no ordinary medical degree shall be conferred on any person who shall not previously have obtained a qualification for registration under the Medical Acts. The University shall also have power, in the case of students of the University who shall have been resident students of any other University in our dominions, to accept the examinations and periods of residence and study passed by them at such other University as equivalent to such examinations and periods of study in the University as the Council constituted by this our Charter shall from time to time determine. Provided that the Council shall not allow a degree to be conferred on any such student unless such student shall have pursued a course of study in a College or Medical School in the University during such final portion of the period of study as may be determined by the Council and shall have passed the final examination of the University in that course of study. The University shall also have power to admit by special grace graduates of other Universities in our dominions to similar and equal degrees in the University. The University shall also have power to admit to honorary degrees in the University such persons, being at the constitution of the University Fellows of University College, London, Fellows of King's College, London, or past students of the said Colleges, and such other persons as are worthy, in the estimation of the Council, of this distinction. The University shall also have power to grant to students of any College in the University, after such examinations, in such mode and on such conditions as to the University from time to time shall seem fit, certificates of proficiency in any branches of knowledge. The University shall also have power to examine into the efficiency of schools at any academic institutions, and to grant certificates of proficiency to scholars and members thereof. The University may appoint lecturers independently of a College or Medical School to give instruction in any subject, whether it be or be not included in a Faculty.

VI. *Visitor.*—We reserve to ourselves, our heirs, and successors to be the Visitor of the University.

VII. *Authorities of the University.*—The authorities of the University shall be the Chancellor of the University, the Vice-Chancellor of the University, the Council, the assemblies of the several Faculties in the University, the Boards of Studies of the several Faculties, and the Convocation of the University.

VIII. *The Chancellor.*—The Chancellor shall be the head of the University, and may preside over meetings of the Council and of Convocation. The Chancellor shall hold office during his life or until his resignation. ———————— shall be the first Chancellor of the University. In the event of a vacancy occurring in the office of Chancellor within ten years from the date of this our Charter, we reserve to ourselves, our heirs, and successors the right of nominating to the office. Thereafter the Chancellor shall be elected by the Convocation of the University.

IX. *The Vice-Chancellor.*—In the absence of the Chancellor, the Vice-Chancellor of the University shall exercise all the functions of the Chancellor, except the hearing of appeals under any provision of this our Charter. The first Vice-Chancellor shall be appointed by the Chancellor from among the members of the Council, and shall hold office for two years from the date of election, or until he shall cease to be a member of the Council, whichever shall first happen. His successors shall from time to time be elected by the Council from among the members of the Council, and shall hold office for one year. The Vice-Chancellor may appoint a member of the Council as a pro-Vice-Chancellor to exercise his functions in his absence.

X. *The Council.*—The Council shall consist of the persons following—namely: first, the Chancellor; secondly, persons appointed by this our Charter, and their successors appointed by the Lord President of our Council, and by the Convocation of the University, as in this our Charter provided; thirdly, persons representing the several Colleges in the University; fourthly [persons representing the Royal College of Physicians of London and the Royal College of Surgeons of England fifthly], persons representing the several assemblies of the Faculties in the University. Except as in this our Charter provided, every member of the Council shall hold office for the term of five years, and shall be capable of reappointment or re-election. Any member who shall cease to be qualified, or shall become incapacitated to act, or shall notify his resignation to the Council, or shall for the space of two years consecutively be absent from all meetings of the Council, shall thereupon cease to be a member of the Council. The following six persons shall be members of the Council from the the date of this our Charter: ———————— On any such person or successor of such person ceasing to be a member of the Council, the Lord President of our Council shall appoint a fit person as his successor, provided that after the expiration of ten years from the date of this our Charter, the Convocation of the University shall elect a fit person to succeed to the first, the third, and the fifth vacancy so caused, and on any person so elected, or a successor of such person ceasing to be a member of the Council, shall elect a fit person to be his successor. The persons in the Council representing University College, London, shall be three persons chosen by the Council of the College. The persons in the Council representing King's College, London, shall be three persons chosen by the Council of the College. On the admission of any College other than University College, London, and King's College, London, as a College in the University, the number of its representatives, not exceeding three, shall be determined by the Council. [The persons in the Council representing the Royal College of Physicians of London shall be three persons chosen by the Fellows in Comitia of the College. The persons in the Council representing the Royal College of Surgeons of England shall be three persons chosen by the Council of the College.] The persons representing each of the assemblies of the Faculties of Arts, Science, and Medicine shall be four persons appointed by the assemblies of such Faculties respectively. If any other Faculty shall be established by the University, the persons representing such Faculty in the Council shall be such number of persons to be elected by the assembly of such Faculty not exceeding four as shall on the establishment of the Faculty be determined by the Council. Any College represented on the Council, or any assembly of a Faculty may, at any time after six years from the constitution of the University, present a memorial to the Council requiring its number of representatives, or the number of representatives of any other College or assembly of a Faculty, to be taken into consideration, with a view to its increase or decrease, and the Council shall thereupon refer the matter to the several Colleges and assemblies of the Faculties other than that presenting the memorial, and after receipt and consideration of such of the reports as may be received within three months from the date of reference, the Council may increase or decrease the number of representatives to which such memorial relates. Provided that within six months after the promulgation of the decision of the Council any College or assembly of a Faculty may appeal to us in our Council against the decision of the Council of the University. The acts of the Council shall not be invalidated by the existence of any vacancy among its members.

XI. *Powers of the Council.*—The Council shall be the governing body of the University, and shall direct the form, custody, and use of the common seal, and shall have the management and control of the affairs and property of the University, and shall appoint a registrar and any other officers necessary for conducting the business of the University. The Council shall have full power to make and alter or revoke statutes for regulating all matters concerning the University, and may exercise and do all powers and things by this our Charter granted or authorised to be exercised or done by the University. Provided, first, that it shall not be lawful for the University, by any statute or otherwise, to adopt or impose on any person any test whatsoever of religious belief or profession; and provided, secondly, that any statute made by the Council be not repugnant to the law of England, or to the general objects, or any provision, of this our Charter. Provided, thirdly, that the Council, in determining the curriculum of each Faculty, and making regulations respecting the examinations or degrees of the Faculty shall proceed on the recommendation of, or after submitting the proposal for consideration and report to, the assembly of the Faculty.

XII. *The Assemblies of the Faculties.*—The assemblies of each of the Faculties of Arts and Science, and of any other Faculty that may hereafter be established by the University, shall consist, in the first place, of such persons doing professorial work in the Colleges included in the University in respect of that Faculty, as shall be designated by the governing body of each College, and for this purpose University College, London, and King's College, London, shall, at the constitution of the University, be deemed to be included therein in respect of the Faculties of Arts and Science. The assembly of the Faculty of Medicine shall consist, in the first place, of such persons doing professorial work in the Colleges and Medical Schools in the University as shall be designated by the governing body of each College or Medical School. The persons whom a College or Medical School shall be entitled to designate as members of the assembly of a Faculty shall be such as are giving regular instruction to classes in the College or Medical School in one or more of the subjects included in the Faculty. Provided that, except in the case of the persons designated as aforesaid before the first election of the Council by the assemblies of the Faculties, the designations of persons to be members of the assemblies of the Faculties shall not take effect without the approval of the Council, or on appeal to the Chancellor, his approval of the same. The assembly of each Faculty shall consist, in the second place, of such of the examiners of the University in subjects included in the Faculty, not being otherwise members of the assembly, as the Council may appoint members of the assembly; provided that such examiners shall not vote in the assembly of the Faculty on the election of members of the Council. It may consist, in the third place, of such persons engaged, or who have been engaged, in University teaching in London in subjects included in the Faculty as shall be nominated in that behalf by the assembly of the Faculty and approved by the Council.

XIII. *Powers of the Assemblies of the Faculties.*—The assembly of each Faculty shall have the following powers—namely: Of prescribing the mode of conducting the proceedings of the assembly and of registering the same, and of reporting the same to the Council; of electing members of the Council, and of the Board or Boards of Studies of the Faculty; of discussing and of declaring an opinion on any matter whatsoever relating to the University, including any matter referred to the assembly by the Council; of delegating from time to time to the Board or Boards of Studies of the Faculty the power of making recommendations and reports to the Council.

XIV. *Establishment of New Faculties.*—Before establishing any new Faculty the Council shall refer the matter to the assemblies of the Faculties for consideration and report. When a new Faculty has been established, the Council shall determine which of the Colleges in the University shall be deemed to be included in the University in respect of such Faculty.

XV. *The Boards of Studies.*—There shall be a Board or Boards of Studies in each Faculty, which shall consist of, first, members of the Faculty elected from time to time by the assembly of the Faculty from amongst its own members; secondly, such of the examiners of the University in the subjects of the Faculty as are members of the assembly of that Faculty. The Council shall have power to refer matters to the Boards of Studies, either separately or conjointly, for consideration and report; provided that a copy of each such report shall be transmitted forthwith to the assembly of each Faculty concerned. The Boards of Studies shall have power to meet with each other in conference, either by themselves or by their committees, to prescribe the mode of conducting their own proceedings, and to report directly to the Council, either separately or conjointly, on any matter relating to the subjects of their Faculty or Faculties.

XVI. *The Convocation of the University.*—The Convocation of the University shall consist of the Chancellor, Vice-Chancellor, and registered graduates of the University for the time being. All graduates of the University of three years' standing shall be entitled to register, and for this purpose a Register shall be kept, which shall be conclusive evidence that any person whose name appears thereon at the time of claiming to vote in Convocation is entitled to vote, and that any person whose name does not then appear thereon is not so entitled; provided that the holder of an *ad eundem* or honorary degree shall not, as such, without the consent of Convocation in each case, be entitled so to register. The first meeting of Convocation shall be called by the Vice-Chancellor, at the expiration of ten years after the date of this our Charter. At that meeting the Convocation shall elect a chairman, who shall hold office for three years, or until his previous death or resignation, but a chairman going out of office shall be re-eligible. The Council shall, as often as may be required for the election of members of Council, and may at such other times as to them seems fit, convene a meeting of Convocation. If at any time twenty members of Convocation, by writing under their hands, require the chairman to convene a meeting of Convocation, he may in his discretion do so. Notice of all meetings of Convocation shall be given in such manner as the Council shall prescribe. No question shall be decided at a meeting of Convocation unless at least thirty members are present, but in the election of members of the Council, members of Convocation shall be entitled to vote by voting papers in such form, and to be signed, verified, and transmitted in such manner as the Council shall prescribe.

XVII. *Powers of Convocation.*—The Convocation shall have the following powers—namely: Of prescribing the mode of conducting the proceedings of the Convocation and of registering the same, and of reporting the same to the Council; of electing the Chancellor of the University after the first vacancy in the office which shall occur subsequently to the expiration of ten years from the date of this our Charter; of electing members of the Council as aforesaid; of discussing and of declaring an opinion on any matter whatsoever relating to the University, including any matter referred to them by the Council.

XVIII. *Members of the University.*—The members of the University shall be the Chancellor, the Vice-Chancellor, the members of the Council; the members of the assemblies of the Faculties; the registrar, graduates, and students of the University. The students of the University shall be such students in any College or Medical School in the University as shall have been admitted as students of the University under the regulations of the Council.

XIX. *Examinations.*—The examiners of the University shall be such members of the assemblies of the Faculties, and such external examiners, as the Council shall from time to time appoint to be examiners. All examinations of members of the University shall be conducted jointly by external examiners and by examiners being professors, physicians, surgeons, lecturers, or teachers in a College or Medical School in the University; and for this purpose at least one external examiner shall be appointed by the Council for each subject forming part of the course of study required for a degree. For each examination the Council shall form a board, or boards, consisting of all or some of the examiners, to which the examination papers shall be submitted previously to the examination.

XX. *Place for Meetings.*—Unless and until the University shall possess other buildings proper in this behalf, all meetings directed to be held

under this our Charter shall be held, and all degrees granted and examinations for degrees held by the University shall be granted and held in buildings provided by the Colleges of the University or otherwise with the approval of the Council. Nothing in this our Charter shall prevent the University from conferring any degree by special grace on any qualified person in his absence.

XXI. *Property.*—Notwithstanding anything in this our Charter, the University shall not at any time hold real property in our United Kingdom exceeding the annual value of ten thousand pounds (according to the value of such property at the time of its acquisition) over and above the value of the site, buildings, and hereditaments of the University used and occupied for the immediate purposes thereof.

XXII. *Fees.*—The University may demand and receive for degrees and other distinctions, and for certificates of proficiency and other certificates, and on examinations conducted by the University, such fees as the Council shall from time to time appoint; and the produce of all such fees shall be applied in or towards discharge of the expenses of the execution of this our Charter. Every member of Convocation shall pay such fees, at such times, and with such liberty to compound for the same, as the Council shall from time to time direct, and on default may be removed from the Register.

XXIII. *Contributions of Colleges and Medical Schools.*—In case the produce of such fees is insufficient to meet the ordinary expenses of the management of the University, together with the expenses of conducting examinations and conferring degrees, the Council may require from the several Colleges and Medical Schools in the University contributions for defraying those expenses; and in fixing the amount thereof the Council shall consider a report to be made in each case by a committee, consisting of seven members of the Council, of whom three at least shall be of the six members appointed by this our Charter, or their successors; which committee in making their report shall have regard to the relative magnitude and resources of the several Colleges. Any College or Medical School may, within two calendar months after the receipt of any such requisition from the Council, appeal against it to the Chancellor of the University, whose decision shall be final.

XXIV. *Fellowships and other Emoluments.*—The University from time to time may found and endow fellowships, scholarships, exhibitions, and other prizes, for which funds may by devise, bequest, donation, grant, or otherwise be supplied, and may make regulations respecting the same, and the tenure thereof, but not so as in any way to interfere with the regulations respecting the entrance or admission of students to any College or Medical School in the University.

XXV. *Admission of Colleges and Medical Schools.*—The Council, after considering in each case a report to be made by the assembly or assemblies of the Faculty or Faculties in respect of which the application is made, may accept the application of any College in the London district to be admitted as a College in the University on the Council being satisfied—first, that the College is established on a basis justifying the expectation of its permanent existence, and is under the independent control of its own governing body; secondly, that the College possesses a sufficient staff, buildings, and appliances, with adequate arrangements for teaching and study, in the Faculty or Faculties in respect of which the application is granted. A Medical School admitted to the University shall be admitted in respect of the Faculty of Medicine. If any Medical School shall apply to be admitted to the University in respect of any Faculty other than the Faculty of Medicine, the claim shall be considered and decided in the same manner, and subject to the same conditions as in the case of a College claiming to be admitted to the University, except only as regards the condition that it is under the independent control of its own governing body. In case the Council refuse any such application, the College or Medical School applying may appeal to us in our Council against such refusal. The governing body of a Medical School admitted to the University in respect of any Faculty other than the Faculty of Medicine shall be entitled to designate professors and lecturers of the School to be members of the assembly of the Faculty, subject nevertheless to the same conditions and provisions as are hereinbefore contained with regard to the persons whom a College shall be entitled to designate as members of the assembly of a Faculty, and with regard to the approval required before such designations take effect.

XXVI. *Authority over Colleges.*—A College or Medical School in the University shall not in any way be under the jurisdiction or control of the Council except as regards the regulations for the duration and nature of the studies to be required of the students of the College or School as a qualification for University degrees or distinctions.

XXVII. *Exclusion of Colleges.*—The Council may, from time to time, revise the list of Colleges and Medical Schools in the University, and on its appearing that any College or Medical School has ceased to possess the qualifications for admission in this our Charter prescribed, or is in other respects no longer efficient, the Council, after considering a report to be made in each case by the assembly or assemblies of the Faculty or Faculties in respect of which the College or Medical School has been included in the University, may exclude that College or Medical School from the University. On such exclusion members of the Council representing or elected by that College shall cease to be such; and the professors and teachers of that College or Medical School shall cease to be by virtue of their office members of the assembly of any Faculty of the University, or examiners of the University; but the students of the University, then members of that College or Medical School, shall, if the requisite instruction is given therein, be allowed by the University to complete in that College or Medical School the courses of study necessary for the attainment of the degrees of the University. No member of a College or Medical School excluded shall, on account of such exclusion, be deprived of any right, privilege, or emolument possessed by him by virtue of any degree, reward, or distinction granted to or conferred on him by the University. Provided that not less than one year before a proposal to exclude a College or Medical School from the University is considered by the Council notice in writing of such proposal shall be given to the College or Medical School; and no such exclusion shall take effect until the expiration of six calendar months from the date of the decision of the Council; and within those six months the College or Medical School may appeal to us in our Council against such exclusion.

XXVIII. *Definition of London District.*—The London district for the purposes of the University shall mean a radius of fifteen miles from Somerset House.

In witness, &c.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Chelsea.—Dr. Seaton in his annual report for 1886 discusses the question of the means of spread and prevention of the principal infectious diseases that have prevailed, and he refers especially to the high mortality from diphtheria. He believes that defective house-drainage has little or nothing to do with this disease. Unquestionably, infection in schools and elsewhere plays a wide part in the spread of diphtheria, but there can be little doubt that people having congested and inflamed fauces do suffer from a disease akin to diphtheria when their throats are exposed, by inhalation, to emanations of sewer air. Without ignoring what Dr. Seaton so strongly presses—namely, the infectious character of the disease,—we think no one would be justified in setting aside the possible influence, as regards the spread of the malady, of defective conditions of sewerage and house-drainage. The current sanitary work of the year has consisted in such matters as the systematic removal of nuisances, the inspection of lodging-houses, disinfection, and inspections and analysis of foods, drugs, and medicine. In one instance a case of typhus occurred in connexion with conditions of overcrowding. The death-rate for the year was 20·4 and the birth-rate 33·1 per 1000 of the inhabitants.

Wandsworth.—This district is cut up into six portions for medical officer of health purposes. On the whole area the birth-rate was 34·5 and the death-rate 17·1 per 1000. The deaths under one year of age to every 1000 births were 164, as opposed to 150 in England and Wales as a whole, and to 169 in the great towns. Amongst the cases of infectious disease isolated in the Metropolitan Asylums Board hospitals were 4 from small-pox, 76 from scarlet fever, and 34 from enteric fever. Following upon the general review of the whole distict, each officer contributes a local summary. Dr. Kempster, referring to the past need for additional sewer ventilation by means other than street surface ventilators, expresses approval of the up-cast shafts, which have effected much improvement; Dr. Oakman, in giving details as to sanitary work, refers to the fact that to 405 closets water has been laid on, an improvement of the first importance in an urban district; Dr. Newsholme, dealing with the question of dust-destructors, explains the precautions to be taken as regards the one for Clapham, and expresses the opinion that the results of its working will be altogether satisfactory if carried out on the lines indicated. In the other sub-districts detailed accounts of work effected are given.

Leicester Urban District.—The death-rate for this borough during 1886 was 19·6 per 1000, which compares favourably with the average of 21·2 during the past ten years; and, apart from measles, there was no serious outbreak. As to notification of infectious diseases, Dr. Tomkins's opinion is to the effect that as regards erysipelas such notification is for sanitary purposes of very slight service, and that the money spent on it is little better than wasted. The bulk of the cases are of a trivial character, and he advocates their removal from the list. The general antagonism to the system as a whole has steadily disappeared in Leicester, and some of its most prominent medical opponents are now amongst its warmest advocates. The knowledge gained of infectious disease generally has turned out to be of the utmost value, and the view is expressed that the system should be applied to the population as a whole. Compared with 1885, which was by no means an unfavourable year, the following diseases show substantial reductions in mortality: scarlet fever, a decrease of 30 per cent.; measles, 25; diphtheria, 60; whooping-cough, 50; and typhoid fever, 50; but diarrhœa stands out once more as a blot upon an otherwise fair record, 256 deaths having been occasioned by it against 186 during the preceding year. The mean temperature during the third quarter was in excess of the mean for the past 115 years, and the rainfall was 2·46 inches below the average for the past seventy years. Norwich alone, lying as it does in a hollow, with a damp subsoil in the lower parts of the town, exceeded in its diarrhœa mortality that of Leicester. The subject of the etiology of the disease has engaged much

of Dr. Tomkins's attention, and he is known to be aiding Dr. Ballard in his extended investigation into the subject. Summing up some of his own views, Dr. Tomkins reports that in the "diarrhœa area" of the town the micro-organisms or their germs exist in tenfold abundance compared with other parts; that from the bodies and organs of patients dead of diarrhœa micro-organisms have been obtained; and that cultivated specimens when taken into the body are capable of producing diarrhœa. It is not, however, stated that the diarrhœa organism has been isolated. In so far as general causes are concerned, warmth, moisture, and dead organic matter, with the absence of light and air, are potent factors in the production of the disease. The general body of the report indicates steady progress, and contains advice as to future action for the improvement of health in the borough.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 5766 births and 4115 deaths were registered during the week ending July 30th. The annual rate of mortality in these towns, which had increased in the preceding five weeks from 17·6 to 22·2 per 1000, further rose last week to 23·2. During the first four weeks of the current quarter the death-rate in these towns averaged 21·4 per 1000, and was 0·5 above the mean rate in the corresponding periods of the ten years 1877-86. The lowest rates in these towns last week were 12·7 in Huddersfield, 13·9 in Derby, 14·1 in Brighton, and 14·5 in Sunderland. The rates in the other towns ranged upwards to 27·2 in Birkenhead, 27·7 in Plymouth and in Leeds, and 30·1 in Preston. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had increased in the preceding four weeks from 486 to 1173, further rose last week to 1301, owing to the continued increase of the mortality from diarrhœa; they included 921 from diarrhœa, 163 from whooping-cough, 121 from measles, 46 from scarlet fever, 25 from diphtheria, 24 from "fever" (principally enteric), and only one from small-pox. These zymotic diseases caused the lowest death-rates last week in Plymouth and Cardiff, and the highest in Birkenhead, Leeds, and Leicester. Diarrhœa caused the greatest mortality in London, Leeds, Preston, and Leicester; whooping-cough in London, Norwich, and Birmingham; measles in Manchester, Salford, and Birkenhead; and scarlet fever in Blackburn and Bristol. Of the 25 deaths from diphtheria in the twenty-eight towns, 20 occurred in London. Small-pox caused 1 death in Sheffield, but not one in Greater London, or in any of the twenty-six other large provincial towns. Only one case of small-pox was under treatment on Saturday last in the metropolitan hospitals receiving cases of this disease. The mortality from diarrhœa did not considerably exceed the average for the season. The deaths referred to diseases of the respiratory organs in London, which had declined in the preceding four weeks from 199 to 174, further fell last week to 160, and were 30 below the corrected average. The causes of 87, or 2·1 per cent., of the deaths in the twenty-eight towns last week were not certified, either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Brighton, Bolton, and in four other smaller towns. The largest proportions of uncertified deaths were registered in Oldham, Sheffield, and Blackburn.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 18·8, 19·5, and 20·9 per 1000 in the preceding three weeks, declined again to 19·9 in the week ending July 30th; this rate was 3·3 below the mean rate during the same week in the twenty-eight large English towns. The rates in the Scotch towns last week ranged from 6·5 and 18·3 in Perth and Glasgow, to 22·7 in Dundee and 28·1 in Leith. The 497 deaths in the eight towns last week showed a decline of 26 from the number in the previous week, and included 41 which were referred to whooping-cough, 39 to diarrhœa, 12 to scarlet fever, 4 to "fever" (typhus, enteric, or simple), 4 to measles, 3 to diphtheria, and not one to small-pox; in all, 103 deaths resulted from these principal zymotic diseases, against 84, 93, and 103 in the preceding three weeks. These 103 deaths were equal to an annual rate of 4·1 per 1000, which was 3·2 below the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 46, 43, and 37 in the preceding three weeks, rose again last week to 41, and included 11 in Glasgow, 9 in Edinburgh, 9 in Dundee, and 6 in Greenock. The 39 deaths attributed to diarrhœal diseases corresponded with the number in the previous week, but were 5 above the number in the corresponding week of last year; they included 15 in Glasgow, 7 in Edinburgh, 6 in Dundee, 5 in Paisley, and 4 in Leith. The fatal cases of scarlet fever, which had been 11 and 5 in the previous two weeks, rose last week to 12, of which 9 were returned in Glasgow and 3 in Dundee. Two of the 4 deaths from "fever," 3 of the 4 from measles, and 2 of the 3 from diphtheria occurred in Glasgow. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 65 and 77, in the previous two weeks, declined again last week to 62, and were one below the number returned in the corresponding week of last year. The causes of 48, or more than 9 per cent., of the deaths registered in the eight towns during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 26·6, 27·9, and 29·9 per 1000 in the preceding three weeks, further rose to 30·9 in the week ending July 30th. During the first four weeks of the current quarter the death-rate in the city averaged 28·8 per 1000, the mean rate during the same period being but 22·8 in London and 19·4 in Edinburgh. The 209 deaths in Dublin last week showed a further increase of 7 upon the numbers returned in the preceding three weeks; they included 22 which were referred to measles, 16 to diarrhœa, 3 to "fever" (typhus, enteric, or simple), 3 to diphtheria, 3 to whooping-cough, 2 to scarlet fever, and not one to small-pox. Thus the deaths resulting from these principal zymotic diseases, which had increased in the eight previous weeks from 21 to 48, further rose last week to 49, and exceeded the number in any previous week of this year; they were equal to an annual rate of 7·2 per 1000, the rates from the same diseases being 8·9 in London and 3·4 in Edinburgh. The fatal cases of measles, which had been 36, 28, and 21 in the preceding three weeks, were last week 22. The deaths attributed to diarrhœa, however, declined from 21 to 16. The three deaths referred to diphtheria exceeded the number registered in any previous week of this year; while the fatal cases of the other zymotic diseases all but corresponded with recent weekly numbers. The deaths of infants showed a further considerable increase, whereas those of elderly persons were fewer than in any recent week. Five inquest cases and 5 deaths from violence were registered; and 68, or very nearly a third, of the deaths occurred in public institutions. The causes of 24, or nearly 12 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

WAR OFFICE.—Army Medical Staff: Deputy Surgeon-General Duncan Alexander Campbell Fraser, M.D., to be Surgeon-General, vice J. Hendley, C.B., retired (dated June 21st, 1887); Brigade Surgeon Robert Walter Clifton, to be Deputy Surgeon-General, vice D. A. C. Fraser, M.D. (dated June 21st, 1887); Surgeon-Major Alexander Ferrier Churchhill, M.B., to be Brigade Surgeon, vice R. W. Clifton (dated June 21st, 1887). The undermentioned Surgeons-Major are granted retired pay with the honorary rank of Brigade Surgeon:—Thomas Campbell Tolmie and Charles Frederick Richards, M.B. (dated August 3rd, 1887).

ADMIRALTY.—In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Surgeon George William Frederick Armstrong, M.D., has been placed on the retired list of his rank (dated June 25th, 1887).

The following appointments have been made:—Surgeon Christopher Pearson, to the *Gannet;* Surgeon Charles W. Hamilton, to the Royal Marine Division at Eastney; Surgeon George L. Baker, to the *Excellent;* and Mr. Joseph H. Wallis to be Surgeon and Agent at St. Thomas and St. Anthony.

ROYAL NAVAL ARTILLERY VOLUNTEERS (Liverpool Brigade).—Griffith Richard Griffith, M.B., to be Surgeon (dated July 29th, 1887).

THE HONORABLE ARTILLERY COMPANY OF LONDON.—The commission of the following officer is renewed for five years from July 14th, 1887:—Surgeon William Peter Rawlins.

ARTILLERY VOLUNTEERS.—2nd Lancashire: Surgeon J. C. Cormack resigns his commission (dated July 30th, 1887).—1st East Riding of Yorkshire: Acting Surgeon E. Clarkson resigns his appointment (dated July 30th, 1887).

RIFLE VOLUNTEERS.—1st Volunteer Battalion, the Sherwood Foresters (Derbyshire Regiment): Surgeon A. H. Dolman resigns his commission; also is granted the honorary rank of Surgeon-Major, and is permitted to continue to wear the uniform of the Battalion on his retirement (dated July 30th, 1887).—1st Volunteer Battalion, the King's Own (Royal Lancaster Regiment): Surgeon and Honorary Surgeon-Major J. Robinson resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the Battalion on his retirement (dated July 30th, 1887).—2nd London: Acting Surgeon F. E. Fenton resigns his appointment (dated July 30th, 1887); Adam Robert Hamilton Oakley, Gent., to be Acting Surgeon (dated July 30th, 1887).—4th Volunteer Battalion, the South Wales Borderers: Acting Surgeon S. B. Mason to be Surgeon (dated July 30th, 1887).—4th Volunteer Battalion, the Norfolk Regiment:—Acting Surgeon E. T. Prior to be Surgeon (dated July 30th, 1887).

Correspondence.

"Audi alteram partem."

"DISEASE AND MEDICAL ATTENDANCE AT WORKHOUSES."

To the Editors of THE LANCET.

SIRS,—In your issue of the 23rd ult. you devote a leading article to the subject of an inquest at St. George's-in-the-East Workhouse on the body of a woman aged eighty-seven years. I have not seen a detailed account of the inquest, and I take your statement to be perfectly correct. As, however, some of your inferences are calculated to mislead not only the profession, but the general public, I shall, I hope, be pardoned if I point out one, at least, of the errors into which you have fallen, through, I am sure, an earnest endeavour to advance not only the public interest, but that of the profession generally.

In your article you lay stress upon the question of admitting a "second medical opinion" into the workhouse, and suggest that such should be provided at the expense either of the ratepayers or of the relatives of the inmate. A second opinion *is* provided by the guardians to all, or nearly all, of the metropolitan workhouses, and to the one in question, in the form of an assistant medical officer; and the medical officers, in my experience, are generally ready to accept any suggestions offered by their assistants, whilst the assistants, on the other hand, are obliged to seek the advice of the medical officer when any doubt arises as to the treatment of any inmate. If the near relatives (in this instance a nephew) of the inmate are anxious about his condition, and at the same time are in a position to pay a practitioner, not a medical officer of the workhouse, a consulting fee, I hope I shall be forgiven if I suggest that it is not creditable to them that the person in question should ever have been admitted into the workhouse, and thus cast as a burden upon the already heavily pressed ratepayer.

With reference to the admission of an outside second opinion at the request of the friends, I think that, on carefully considering the question, you will see the utter impracticability of such a system, and I venture to say that there is not even a medical guardian in London who would make himself responsible for such a proposal. Must the poorer and more struggling ratepayers be still further oppressed by being compelled to pay for affording "pleasure" to the relatives of aged inmates of workhouses which are already provided with *two* doubly qualified medical practitioners?—ratepayers whom I know in many instances are unable to pay for ordinary qualified advice, and are obliged to seek the advice of the host of unqualified "doctors" which infest this union and advertise medicine and advice for fourpence. To them, indeed, "the limitations of art are becoming painfully apparent." In a large proportion of cases, if external medical advice were admitted into the workhouse *at the dictation of friends*, the persons whom we should be asked to consult with would be the unqualified practitioners of whom I have spoken. Both the medical officer and the assistant medical officer are obliged to be doubly qualified practitioners; but the advice with which many of the poorer ratepayers are obliged to be content is often unqualified, or confined to one qualification of an inferior order.

If, therefore, you can use your great influence in elevating the tone of the class of practitioners who are employed both by the poorer ratepayers and those people bordering upon pauperism, you will not only greatly benefit the people at large, but you will thus make your suggestion a little more practicable, although its adoption would still destroy the individual responsibility so necessary in the management of large public institutions.

With reference to the question of the medical officer not having been summoned, that is evidently a negligence on the part of the night nurse, the following being in this union the rule set for her guidance: "In all cases of doubt or emergency to summon the medical officer." There is at the present time an honest endeavour being made, both by guardians and medical officers, to improve not only the nursing, but the medical attendance in workhouses and infirmaries. In some places qualified clinical assistants have been appointed to assist the staff, and in others the appointment of consulting physicians and surgeons is under consideration; whilst in nearly all unions the guardians place no restrictions on the medical officer sending to special or general hospitals cases which, in his opinion, would be benefited by special treatment and maintaining them there.

I am, Sirs, your obedient servant,

HENRY J. DIXON.
Assistant Medical Officer of the Infirmary and Workhouse of the Greenwich Union.

August, 1887.

THE SEWAGE OF LONDON.

To the Editors of THE LANCET.

SIRS,—There is a grave question of public health now in imminent danger of being dealt with in a manner which may, and probably will, result in the production and perpetuation for some time of a serious nuisance. It is reported that the Metropolitan Board of Works, by a small majority, being in fact a minority of the Board, have reversed the policy hitherto followed, and for the last two years with complete success, with regard to the deodorisation of the London sewage, and have sanctioned the revival of processes which abundant and costly experience has shown to be unavailing and productive of evil. Under these circumstances the attention of all sanitarians must be earnestly directed to the subject, and I implore your powerful aid in laying the matter before the profession as the natural guardian of public health.

It will be remembered by your readers that the river Thames was in the year 1884 in a deplorable state, and that, after much agitation and strong expressions of opinion on the part of a Royal Commission and of the Home Secretary, the Board at last adopted measures to abate the nuisance which undoubtedly existed. Some thousands of barrels of chloride of lime, or so-called bleach, were thrown at intervals into the outflowing sewage. The effect was that while the specific odour of the sewage exhaled by the Thames at the outfalls at Barking and Crossness, and for some miles up and down the river, was no doubt destroyed, another complication of nuisances was developed, emanating more particularly from the mud-banks at low water and from deposits roused by the shipping, and exceeding in intensity those previously existing. When this unforeseen result had been recognised, the Board, mindful of its high duty, commenced in the autumn of 1884 to use manganate of soda for the deodorisation of the effluent sewage. As only small parcels of this deodorant could be bought in trade, and these at a very high price, the Board during the winter of 1884-85 erected special works for its production, and manufactured such a supply that during the summer of 1885, bleach having been almost entirely abandoned, and the trade supply of manganate having been increased and greatly

cheapened, deodorisation was carried out by manganate and sulphuric acid. This was effected at the outflow stations, Barking and Crossness, as well as at various stations within the metropolis, upon the flowing contents of the sewers. The results were so satisfactory that there were no reasonable complaints as regards either the sewers or the river during the entire season. In 1886 more manganate was used, and at a greater number of stations than in the previous year, and had again the desired effect, so that the Thames remained in an unexceptionable condition. As the processes appeared expensive, the Board obtained the opinion of a committee of chemists, consisting of Sir F. Abel, and Professors Odling, Williamson, and Dupré, who entirely approved of all that had been done, and, if I am correctly informed, particularly of the use of manganate and sulphuric acid as opposed to chloride of lime. In the meantime the Board proceeded to complete its contemplated arrangements for the purification of the sewage by precipitation. The works necessary for the treatment of the sewage at Barking were given into the hands of a contractor; the plans for those required at Crossness were prepared by the engineers. An experimental steamer, intended for the removal of the sludge to the sea, was constructed, and is now lying ready for service at Erith. Nevertheless, two years will probably elapse before the whole of the contemplated works can be completed, and the precipitation of the whole of the sewage by lime and protosulphate of iron, and the deodorisation of the effluent by manganate, can be carried out. The Board has from time to time given permission to enterprising individuals, amongst whom there were even foreigners, to practically try their particular schemes with the aid, and even at the expense of the Board. Nobody would object to such generosity, as it would afford the best means for all that is good to assert itself, and for useless propositions to show their futility. I believe that the Board literally derived no information whatever from its liberality. The river Thames, as far as it is affected by the London sewage, is already in a state causing considerable apprehension to those who may be considered to be responsible for it; owing to the effects of a very dry season, it will probably be as bad as, if not worse than, it was in 1884. Then the evil odour was never entirely subdued, but only changed, and as some say, aggravated. If the precedents of 1885 and 1886 be not at once followed, and deodorisation with manganate and sulphuric acid be carried out both at the outfalls and at numerous stations within the metropolis, the consequences will be the production of a great nuisance, highly disagreeable, and not without danger to health and life. It is said that the Board, under the advice of Sir Henry Roscoe, M.P., and in opposition to the experience of the last two years, and setting aside the advice of the committee of chemists above mentioned, and their own officers, are going to resume the application of chloride of lime to the unprecipitated sewage discharged into the river, and discontinue altogether the use of manganate at the outfalls as well as at the metropolitan stations on the sewers. This will probably appear to all persons who have followed the progress of the subject from the chemical, medical, and public health standpoint, to be a retrograde movement. For not only has the use of bleach been condemned by the clearest experience, as engendering a nuisance of a new and peculiar kind on all the mud-banks within reach of the sewage, but the mere manipulation of the chloride of lime by workmen in confined spaces during the three hours of sewage discharge is so detrimental to the health of the labourers that it ought never to be imposed upon them. Manganate and sulphuric acid, on the other hand, have no smell, their action never results in the production of smelling products, and they do not destroy those minute vegetable and animal organisms which are essential for the rapid purification of water from admixed sewage residues. By bleach or chloride of lime, on the other hand, they are mostly destroyed, and this is the main cause for the prevalence of foul smells following the use of bleach.

All ratepayers, sanitarians, and inhabitants of the border of the Thames below Greenwich should therefore join in protesting against this intended retrograde movement, and should respectfully and firmly urge upon the Metropolitan Board of Works the immediate resumption of the processes of deodorisation, which the experience of two years has proved to be efficient and protective to the public.

I am, Sirs, your obedient servant,

July, 1887. SANITARIAN.

"A DOCTOR'S INCOME."

To the Editors of THE LANCET.

SIRS,—If you do not consider the subject closed, will you allow me the privilege of the opener of a debate—the right of reply? I notice that you, in your article on the subject (for which, by the way, the profession owe you a debt), and all those who have joined in the discussion, are agreed that matters are as I have stated. But when it comes to discussing remedies, it is another matter. You have scarcely referred to those I have suggested. No one has expressed any warmth in favour of my proposals. No one has made any feasible alternative proposal. This is sad, as it seems to imply that poverty is our certain and unavoidable lot for many a long year, and no remedy is available. I may mention that I expressly excluded *London* hospitals from my consideration; so that a London hospital physician's criticism is beside the mark. I have myself practised as a London consulting physician, and acknowledge the truth of the picture he drew; but it was the county hospitals I referred to as ruining the general practitioner. I have received many letters on the subject, and one conclusion seems inevitable—there is one class of practitioners, and only one, which is doing fairly well, and that is the class that has inherited the trade instincts of our predecessors the apothecaries. A chemist once said to me that he never knew a "college gentleman" who did well in private practice, and he had come to the conclusion that college life spoiled a man for *business*. What he meant is exemplified by the following extract from the ledger of a medical man who understood *business* in the same sense that the chemist did: "Consultation fee, 5*s*.; bottle of mixture, 3*s*. 6*d*.; two pills, 2*s*. 6*d*.; application for throat, 2*s*. 6*d*.; brush for applying ditto, 1*s*.; total, 14*s*. 6*d*." I ought to state that the patient was a very rich man, and well able to pay a good fee; but is there no hope for a medical man unless he is business-like enough to sell a penny camel's hair brush for a shilling? I am, Sirs, yours obediently,

Southborough, Tunbridge Wells. E. PAGET THURSTAN, M.D.

TRACHEOTOMY AND INFLATION IN THE TREATMENT OF A STILLBORN CHILD.

To the Editors of THE LANCET.

SIRS,—Permit me to reply to Mr. Jennings' letter in your issue of July 23rd, which I have only just seen. It seems to me that the explanation there given of stillbirth—that it is due to a valve-like action of the epiglottis preventing inspiration—is a little too simple. I know that it was not so in my case, for this reason: during the time I was trying to pass a catheter into the larynx by the mouth, I held the epiglottis and tongue forward with my finger, effectually preventing any valve-like action, but no air entered the lungs on attempted inspiration. I think that the presence of mucus and meconium in the trachea, and probably also in the larynx, was at least the chief cause of the inability to inspire. Moreover, after tracheotomy, the child not only breathed but was aided in doing so by inflation, yet the resulting expansion of lung was not enough to maintain life. Is it likely that if the larynx could have been cleared by any manœuvre, and inflation replaced by artificial respiration, the expansion would have been greater? Artificial respiration has always seemed to me a very feeble proceeding in a stillborn child with flaccid muscles and yielding chest walls. What I meant to suggest was that such stillborn children—and *a fortiori* those in whom the heart is beating, but who make no effort at respiration—require, not permission to breathe, but the most energetic compulsion to do so; and it was with the idea of indicating a new method of such compulsion, to be used as a last resource, that I ventured to publish the case. I do not know whether intubation of the larynx, of which I have no experience, might replace the tracheotomy in the procedure.

I am, Sirs, yours &c.,

Tufnell Park, N., July 30th, 1887. CHARLES SCOTT WATSON.

AT Bolton a young lady has been poisoned through a chemist's mistake in dispensing a prescription. Hydrocyanic acid was used instead of hydrochloric acid. The jury returned a verdict of "Death from misadventure," and appended a strong censure upon the druggist and his assistant.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

THE NEWCASTLE ROYAL EXHIBITION.

THE attendance at our Exhibition must be considered very satisfactory—now approaching a million visitors. So far there has been no serious accident, but a female attendant ran a very serious risk the other day by touching an electric battery, from which she received such a severe shock that she has not yet recovered. The model dwelling house is now complete, and receives a large amount of attention from visitors. Mr. H. E. Armstrong has compiled a very useful guide, pointing out the sanitary points of the dwelling. The house is a permanent structure, and most of the materials have been given by the tradesmen of this city.

NEWCASTLE DISPENSARY.

Owing to the death of Dr. Holland a vacancy has taken place in the honorary medical staff of our dispensary. The selection in the first place is by a committee. Canvassing is prohibited, and also publication of testimonials in the public press, which is a great improvement on the former modes of election. An honorarium is attached to the post.

DURHAM COUNTY HOSPITAL.

A very sad occurrence took place on Monday last at the Durham County Hospital, when a nurse committed suicide by cutting her throat. The deceased was an American, and came to Durham some months ago. She attended to the out-door patients of the hospital, and was known all over the town as "Nurse Alice." Some time ago she became ill and depressed, and was admitted into the hospital for treatment.

NEWCASTLE INFIRMARY.

A very alarming accident took place near the Central Station in this city on Monday, when a collision took place in a workmen's train. About a score of the passengers were more or less injured, but I believe, with the exception of three cases, the injuries are fortunately not of a very serious nature.

A holiday "epidemic" has set in here "with some severity" among our *confreres*, and being somewhat under its influence, this will, I trust, sufficiently account for the brevity of my present communication.

Newcastle-on-Tyne, August 4th.

EDINBURGH.

(From our own Correspondent.)

ROYAL HOSPITAL FOR SICK CHILDREN.

THE managers of the Sick Children's Hospital have taken the action which it was anticipated they would adopt, and have instituted a permanent surgical division in the hospital arrangements. The re-arrangement of the wards to suit the new conditions is not as yet complete, but the appointment of surgeon to the institution has been already made, Mr. Joseph Bell having been appointed for a period of three years. Mr. Bell recently retired by rotation from the post of senior surgeon to the Royal Infirmary, where he had been teaching clinical surgery for fifteen years. The loss of his valuable services as a teacher was at that time generally regretted, and his present appointment to another teaching post will be received with a corresponding feeling of cordial satisfaction by all well-wishers of the Edinburgh School.

UNIVERSITY GRADUATION CEREMONIAL.

The annual Graduation Ceremonial in Medicine and Law took place on August 1st, when 55 graduates received the degree of M.D., and 199 those of M.B. and C.M., at the hands of Lord Inglis, Chancellor of the University. The honorary degree of LL.D. was in the first place conferred upon Professor Asa Gray, Dr. Gunning, the generous benefactor of the University, and Mr. Robey. Six of the theses presented by candidates for the degree of M.D. have been awarded gold medals for their high excellence. These are Dr. G. A. Atkinson's thesis on the Chemistry and Pharmacology of the Nitrites and Nitro-glycerine; Dr. A. Bruce's on the Developmental Anatomy of the Brain and Spinal Cord; Dr. John Gibson's on Waxy and Hyaline Degenerations; Dr. W. C. S. Miller's on the Myology of Seals; Dr. Philip's, on a Study in Phthisis, Etiological and Therapeutic; and Dr. Stevens' paper on Tests for certain Constituents of the Urine, and the Conditions in which they occur. The following scholarships and prizes were also presented:—The Murchison Scholarship in Clinical Medicine to Walter S. Colman; the Gunning Victoria Jubilee Prize in Chemistry to Hugh Marshall, B.Sc., for an experimental research in the Oxidation of Cobalt Salts by Electrolysis; the Ettles Scholarship to George Owen Carr Mackness, B.A., M.B., C.M., the most distinguished Bachelor of Medicine and Master of Surgery of this year; the Beaney Prize to Andre Arthman Bruere, M.B., C.M., and William Aldred Turner, M.B., C.M., equal; the Buchanan Scholarship to William Fraser Wright, M.B., C.M., and the James Scott Scholarship to John George Havelock, M.B., C.M. Professor Sir Douglas Maclagan delivered the address to the graduates.

THE PROMOTER'S ADDRESS.

Professor Sir Douglas Maclagan delivered the annual address to the graduates. He stated that this was the third occasion upon which, in due rotation with his numerous colleagues, the onerous and responsible duty had fallen to his lot. After a passing reference to the hazy prospect of a Universities Bill, which might have been his theme, but which had vanished for the present from the academic horizon, he set in order before his hearers the fields of professional life now opening before them, and indicated those spheres of labour and those landmarks of conduct which he desired they should choose. Commencing with civil practice, he described, in felicitous language and with apt and classic illustration, the pleasures and the sorrows incident to it; giving words of sound advice on the question of professional ethics, and expressions that may well be remembered with gratitude by his hearers in hours of difficulty and discouragement. Next, he considered the openings for professional work in the Services; and, taking up in the first instance the Navy, he drew a picturesque delineation of its main features, showing its advantages in the pleasant, useful, and healthful life which it affords, and adding a word of warning as to the dangers of letting slip the near view of the realm of medical progress which every member of the profession should strive to keep possession of. In turning to the consideration of the Army Medical Department, Sir Douglas Maclagan regretted that he had at present not much to say of an encouraging nature. This was a source of real vexation to himself as the son of an army medical officer, whose medal with its six clasps he preserved with filial pride, and who was entitled to say, in a more appropriate and befitting sense than their old friend Horace, "*Militari non sine gloria.*" He hoped, however, if it were ever his lot to address them or their successors on this topic, that he would be able to commend this branch of the service to their favourable consideration. After a few sentences devoted to the career of medical missionaries, to which some of his hearers had devoted their lives, he summed up his address in an eloquent appeal, setting forth the high ideal placed before the medical practitioner, and the noble and unvarying effort by which alone it can be attained.

Edinburgh, August 2nd.

DUBLIN.

(From our own Correspondent.)

BRITISH MEDICAL ASSOCIATION: DUBLIN MEETING.

THE Dublin meeting may be described as a conspicuous success, and an exceptionally large number of members have arrived in this city to take part in its proceedings. These include some very distinguished members of the profession resident in Italy, France, Switzerland, Germany, and America. The front hall over the entrance to Trinity College has been fitted up as a reception room, and is available for visitors; while a postal and telegraph office is

placed in the immediate vicinity for the use of the members. All the rooms required for the various meetings were provided in Trinity College. The Sections of Medicine, Surgery, Obstetric Medicine, Therapeutics and Pharmacology, and Pathology were held in the Medical School, and the remaining sections and sub-sections in the Museum buildings of the University. The President's address was delivered in the Dining Hall, and the general meetings were held in the Examination Hall, where also the addresses in medicine, surgery, and public medicine were delivered.

HONORARY FELLOWSHIPS.

At a meeting of the Royal College of Surgeons in Ireland on Wednesday, the 3rd inst., the Honorary Fellowship was conferred on Mr. J. Eric Erichsen, Mr. Jonathan Hutchinson, Mr. Charles Macnamara, Mr. Patrick Heron Watson, and Sir George Macleod. On the same day the College of Physicians formally conferred their Honorary Fellowship on Dr. Robert Barnes, Dr. Charlton Bastian, Sir Andrew Clark, Dr. William Tennant Gairdner, Dr. J. F. Charcot, Sir Dyce Duckworth, Dr. James Matthews Duncan, Sir William W. Gull, Dr. J. Hughlings Jackson, Sir George Edward Paget, Dr. Richard Quain, and Dr. Thomas Grainger Stewart. Sir Andrew Clark, Sir George Paget, Drs. Barnes, Bastian, Gairdner, and Stewart returned thanks.

MERCER'S HOSPITAL, DUBLIN.

Last week before the Vice-Chancellor, Mr. O'Grady sought for an injunction to restrain the governors and Dr. Knight from removing him from his position as senior surgeon and governor of the institution. On June 8th a notice of motion was given by Dr. Knight for a meeting of the governors on the 27th inst., to the effect that Mr. O'Grady be removed from his office. The Vice-Chancellor in delivering judgment said: "If he made the injunction, it would preclude absolutely the governors from holding the proposed inquiry. It would be the duty of the governors to investigate the facts, and form a decision in the exercise of their judgment, and for that decision they would be responsible to some tribunal." The application was therefore refused, the question of costs to stand over.

BELFAST.

(From our own Correspondent.)

THE LAGAN NUISANCE.

A DEPUTATION, representing the inhabitants of Cromac Ward, residing in the vicinity of the banks of the Lagan, appeared before the Harbour Commissioners of Belfast at their last meeting, and presented a memorial stating that the river Lagan is becoming more and more dangerous to public health, the stench in the mornings being quite unbearable, even as far as three-quarters of a mile from the river itself. The memorialists think the cleansing of the banks and bed of the river is most urgently required, and they ask the Harbour Board to do this. It was also stated (and I think with truth) that no drainage scheme, though carried out immediately, could bring the Lagan into a proper sanitary condition, unless the filthy matter so long allowed to accumulate is first of all removed. Among other speakers, Dr. Henry Bingham, Dr. Gibson, and Dr. Charles Kevin, all of whom practise in the neighbourhood of the Lagan, and who know well its present utterly abominable condition, urged strongly that the evil should be remedied. Sir Edward Harland, Bart. (the chairman of the Harbour Board), in replying to the deputation, reminded them that the Board over which he presided were not a sanitary authority; but if they had the legal power they would be very glad to accede to the request of those present. He said, on behalf of the Harbour Commissioners, they would take means of conferring with the Town Council as to some joint action which might be legally taken in hand with a view to the removal of the mud banks. He thought they might look forward ultimately to the banks being entirely removed, and he did not think it would be wise for them to wait until the main drainage scheme should be completed. If the banks were removed by artificial means he did not think they would rise again. It is hoped that action will soon be taken in the matter, as the nuisance occasioned by the Lagan is at present extremely bad. Owing no doubt to the long drought, the smells have this summer penetrated to very long distances from the place in which they originate. On Monday last two deputations on the same subject appeared before our Town Council. The first wished to strengthen the opinion of the members of the Council, who were understood to be in favour of locks being placed on the river Lagan, while the second deputation, which represented 700 ratepayers, urged that steps should be taken to remove the mud banks. After a speech from the Mayor and a long discussion, it was decided to appoint a committee to take into consideration the prayers of the two deputations, and to confer with the Harbour Commissioners on the subject.

ST. JOHN AMBULANCE ASSOCIATION.

During the past few months classes in connexion with this useful Association have been conducted in Belfast by Dr. Mackenzie, Dr. S. Smith, and Dr. Lewers, and in Maghera by Dr. Harris. The number attending was large, and a great many were successful at the examinations. Dr. J. A. Lindsay is the local secretary, and it is owing to his energy that the interest in the Association in Belfast has been revived.

HOSPITAL FOR DISEASES OF THE SKIN.

The annual report presented at the meeting of the friends of this hospital (of which Dr. H. S. Purdon is honorary physician), held last week, shows that during the year 1149 patients were treated, being the largest number yet attended to in any one year. While the number of patients seeking relief is steadily increasing, the amount of the annual subscriptions is not increasing in proportion; but it is satisfactory to find that the donations from patients show a considerable increase. The treasurer's statement shows that the expenditure is very slightly greater than the income.

Belfast, August 3rd.

PARIS.

(From our own Correspondent.)

THE PASTEUR INSTITUTE.

THE statistical account of persons treated at the Pasteur Institute during the month of June has been published. As usual, the patients are divided into three classes. 1. Those bitten by animals proved to be rabid either by inoculation of the medulla or by the development of rabies in other individuals bitten. 2. Those bitten by animals proved to be rabid by veterinary observation. 3. Those bitten by animals suspected of rabies. It will be remembered that in the discussion at the Academy of Medicine concerning the cause of death in some cases brought forward by M. Peter, the partisans of M. Pasteur refused to admit the diagnosis of rabies when the proof positive had not been afforded by inoculation of the medulla. Applying, then, our system to the study of the Pasteurian statistics, if a clinical professor cannot diagnose rabies in man by bedside observation, and must wait until he has inoculated rabbits with his patient's nerve centres in order to know what is the nature of the disease, it stands to reason that a similar degree of certainty should be exacted for veterinary observations upon animals. M. Pasteur's categories of patients might then be reduced to two. 1. Persons bitten by animals proved to be rabid by inoculation. 2. Persons bitten by animals suspected of rabies by veterinary surgeons or others. The proportions the two classes bear to one another are as 10 to 1: in the June return 14 only of the patients out of 159 having been bitten by animals proved to have been rabid by inoculation. By far the greater number—113—belong to the category of those bitten by animals *proved* rabid by veterinary observation, a proof that we may accept with some reserve when it is offered concerning a method that has been backed by no inconsiderable amount of official pressure. Of the 159, 32 individuals are admitted to have been bitten by animals "suspected only of rabies"—which I take to be a euphemism for "unnecessarily frightened." Against these 159 saved from a more or less imaginary rabies, we have four new deaths, two of which are mentioned in the statistics, the other two in the public papers and in the *Journal de Médecine de Paris*. 1. Paul Hurot, bitten on May 30th, and treated from May 31st to June 13th; seized with rabies

July 1st. 2. Jules Bourgeot, bitten April 24th; treated from April 27th to May 16th; died July 11th. No charge is brought against this patient by the Pasteur Institute; but Hurot is said to have been an inveterate drunkard. 3. Desclide, bitten in May, died of paralytic rabies on July 21st, sixty days after the bite and forty-five after the end of the preventive treatment. 4. Gerde, bitten on March 27th, and treated at the laboratory for thirteen days from March 29th. On July 20th there was weakness in the legs, and the patient—a female servant—fell down. There was pain in the right arm and extreme weakness in both; also hydrophobia. The following day a white frothy liquid was vomited, and death took place without any other symptom than weakness.

CHARBON.

The *Semaine Médicale* publishes a letter from Professor Koch of Berlin correcting a statement made by M. Pasteur in his letter to the Imperial and Royal Society of Vienna concerning the opinion of the German school about vaccination against charbon. M. Koch says that they have by no means been converted in Germany to vaccination of cattle. If, in France, of the 200,000 sheep vaccinated annually, the mortality from charbon is only 1 per cent., whereas of the unprotected animals ten times as many die, on the other side of the Rhine the figures are very diverse. Six different series of experiments, collected by M. Schutz, professor at the Veterinary School of Berlin, have shown that the mortality is sensibly the same in vaccinated and unvaccinated animals, and the practice has been nearly entirely abandoned.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AT an ordinary meeting of the Council of the College, held on Thursday last, Mr. J. B. Bailey was admitted to the office of Librarian. It was agreed that the museum and library be closed during the month of September.

The following report of the Committee of Management was read, and, after discussion, approved and adopted:—

That, in compliance with the request of the two Colleges, they have prepared a scheme for carrying out the examination for the Conjoint Diploma of Public Health, and have adopted the following recommendations on this subject to the two Colleges—viz.: 1. That the regulations relating to the examination, drawn up by the committee and accompanying this report, be adopted. 2. That for the present the examiners for the Diploma of Public Health be paid on the same scale as that adopted hitherto at the Royal College of Physicians—i.e., ten guineas for twelve or less than twelve candidates, and a capitation fee of four guineas for all candidates over that number. 3. That the Committee of Management be authorised to nominate, for election by the two Colleges, four examiners to conduct the examination in Public Health.

The Committee have carefully considered the letter of May 14th last from Mr. James Bankart and the accompanying memorial from several of the recognised provincial hospitals, calling the attention of the Colleges to the injury done to students entering at such hospitals by those regulations of the Examining Board in England which, by defining the intervals which must now elapse between the several examinations of the Board, no longer permit a whole year's attendance at the commencement of the student's career, on the practice of such hospital being counted as one of the required four years of professional study. On this subject the Committee have adopted the following as their report:—That this committee cannot recommend to the Royal Colleges any change in the regulation for the Conjoint Examinations, according to which the Colleges do not admit any candidate to either part of the Third or Final Examination till the expiration of two years after his having passed the Second Examination. That according to the second report of the Statistical Committee of the General Medical Council (p. 15) the average time occupied in medical study—between registration and the Final Examination—is approximately five years. That therefore it is still in the power of provincial hospitals to take a part in the training of students, not only by providing opportunities for acquiring professional knowledge before the commencement of the first year of study at a recognised medical school, but also by providing instruction in Chemistry, Chemical Physics, Materia Medica and Pharmacy, the required examinations in which may be passed in the preliminary period above indicated.

The Committee also submit the following recommendations for approval and adoption—viz.: 1. That candidates who withdraw from a part or parts of an examination for which they have sent in their names shall not be admissible to such part or parts until the expiration of six months, without the special permission of the Committee of Management. 2. That paragraph 9, Part II., of the scheme for constituting an Examining Board in England be amended so as to provide that the period occupied by the Oral and Practical Examination of each candidate on Materia Medica and Pharmacy be "not less than ten minutes," instead of "not less than fifteen minutes."

The Committee further suggests to the two Colleges the propriety of permitting portions of the Examination Hall, at times when they are not required for the examinations of the Examining Board in England, to be used by other institutions, especially those connected with medical education, on terms to be arranged by the Committee of Management.

The fifth report of the Committee on the Extension of the College Premises was read, approved, and adopted, and it was decided to spend £500 in repairs of the front of the College.

Sir W. MacCormac was appointed an Examiner in Surgery, in the place of Mr. Bryant, and Mr. Bryant was elected to fill the vacancy caused by the resignation of Mr. Hutchinson. Mr. Bryant was also elected a member of the Board of Examiners in Dental Surgery.

It was agreed that the annual meeting of the Fellows and Members be held on Thursday, Nov. 3rd, at 3 P.M. Further memorials, in opposition to the memorial of Dr. Wilks, were received from Mr. Bryan, and acknowledged.

The next quarterly meeting will be held on Thursday Oct. 13th.

Obituary.

ALEXANDER GORDON, M.D.

IT is with deep regret we announce the death of Dr. Gordon, who for many years was the leading surgeon in Belfast and the north of Ireland. Although for some time he has not been in very robust health, his death was quite unexpected. On Thursday, July 28th, a short time after taking breakfast, he complained of a severe headache, and retired to bed, where, soon after, marked symptoms of cerebral hæmorrhage set in, from which in a short time he died in his sister's house at Saintfield, and, by a strange coincidence, in the same room in which sixty-nine years previously he was born. Dr. Gordon was a member of one of the oldest and most highly respected families in the north of Ireland. His father was a medical man in Saintfield, county Down, and on the church in that town there is a memorial stone (indicating that it was rebuilt in 1776), to which his grandfather's name, A. Gordon (treasurer), is appended. At the present time the brother of the deceased, Dr. Wm. Gordon, J.P., practises in Saintfield.

Dr. Alexander Gordon from an early age exhibited a decided taste for the study of medicine, and after having received his early education in Belfast and in Edinburgh, he took the M.D. of the latter university in 1841, when he was twenty-three; he also in the same year became a licentiate of the Edinburgh Royal College of Surgeons. Soon afterwards he began private practice in Belfast, and was appointed Demonstrator of Anatomy in the Royal Academical Institution, Dr. Drummond being at that time the professor. In 1847, on the death of Dr. Coffey, who lectured on surgery, Dr. Gordon was appointed to his chair; and in 1849, when Queen's College, Belfast, was opened, he was transferred to the new College as Professor of Surgery. Dr. Thomas Andrews, Dr. Burden, and Dr. Gordon were the only professors who had lectured in the old academical institution who were appointed in the new College. Dr. Gordon

continued as Professor of Surgery in Queen's College until last summer, when, owing to failing health, and especially to defective eyesight, he found it necessary to retire. He was succeeded by one of his favourite pupils, Dr. Thomas Sinclair.

For a great portion of his professional life Dr. Gordon was surgeon to the Royal Hospital, and at one time he was president of the Belfast Pathological Society. During his long professional career he contributed many original papers to the medical journals. He wrote several articles on "Fractures of the Lower End of the Radius," and a "Treatise on the Fractures of the Lower End of the Radius, on Fractures of the Clavicle (and their treatment by a new clavicular apparatus), and on the Reduction of the Recent Inward Dislocations of the Shoulder Joint (by manipulation)." In this book many views peculiar to himself will be found, and in it the celebrated Gordon's splint (known all the world over) for the treatment of Colles' fracture is described, as well as an apparatus for treating fractures of the clavicle. He also wrote papers on "Fractures of the Thigh Bone," and on "A Peculiar and Unique Dislocation of the Femur upon the Pubes," &c. For a lengthened period he was a prominent member of the medical profession in Belfast, and from his close connexion with the medical school, he was brought intimately in contact with the students, on whom he had a very marked influence, owing to his great originality and independent character. He had a thorough knowledge of anatomy, and, while on nearly every branch of surgery he held original views, there were certain subjects which he was very fond of teaching. We question if any man has ever had a better knowledge of fractures, and he has left behind him, in the Pathological Museum of Queen's College, a collection which in number and variety is almost unequalled. Being of a mechanical turn of mind, he designed many ingenious forms of splints and other surgical apparatus. Hernia was another of his favourite subjects; in practice he was almost always able to reduce such a condition, and he taught that the great majority of hernias could and should be put up without operation. It was his custom to spend the hour previously to his college lecture in the anatomical room, where, owing to the kindness of his friend and colleague (Professor Redfern), he utilised the opportunities afforded for teaching surgical pathology. It was here that the thoughtful student was so impressed with Dr. Gordon's wonderful tactile powers, with his great originality, and with his accurate knowledge of surgical anatomy. When the British Medical Association visited Belfast in 1884, Dr. Gordon was asked to take part in a discussion in the medical section on a favourite subject of his—chronic rheumatoid arthritis. He produced on those present a marked impression by the specimens of this condition which he exhibited, and by the originality of his views on a subject which, as he said, he had been studying for thirty years. He had a very large consulting practice; indeed, his opinion was almost invariably sought by anyone in the north of Ireland who had a surgical affection. He was popular with the students, who respected him as a man who who had a thorough grasp of the subjects he taught, and who, in every department of surgery, had views original to himself and different from the stereotyped teaching of the ordinary text-books. A fine portrait of him (presented by his students) is placed in the Examination Hall of Queen's College, Belfast.

Dr. Gordon was a man utterly destitute of all cant. In private life those who came in contact with him could not fail to be impressed by his great simplicity of character, by his sterling honesty, and by the freshness and originality of his views on almost every subject. He was very fond of a country life, and several years ago he built a residence on some property which he owned near Comber, on the margin of Strangford Lough. Here during the summer it was his custom to reside from Saturday to Monday, although he was not allowed to be free from professional duties, as on these days large numbers of the country people came to get his opinion. He was interred on Saturday last in Saintfield Church-yard, within a short distance of the historical ground where in '98 the battle of Saintfield was fought. The funeral was private, but, in addition to his own relatives, a few of his personal professional friends (all of them former pupils) were present, and helped to carry to his last resting-place the remains of one for whom they had the most profound respect. Dr. Gordon leaves a widow, a son, and one daughter.

DR. ANDREW FERGUS,

OF GLASGOW.

WE regret to announce the death of Dr. Andrew Fergus of Glasgow. Dr. Fergus was born in the year 1822, in the town of Newcastle, where his father was minister of the Scotch church. He was a student at King's College, London, and at Glasgow University. Like several other distinguished men, he was a pupil of Messrs. Greenhow and Ingham of North Shields. After obtaining the diploma of the Royal College of Surgeons of England he commenced practice in Glasgow, and in the year 1866 he obtained the M.D. of the University of Glasgow (*honoris causâ*). On three different occasions he was elected president of the Faculty of Physicians and Surgeons of Glasgow, and under his auspices, and mainly through his influence, the Faculty abolished its single diploma and united with the Edinburgh corporations to grant the triple qualification. While he was president, also, the Faculty instituted an examination for the Fellowship. For three years he was president of the Philosophical Society of Glasgow. Since the opening of the Western Infirmary he had been a representative of the Faculty at the Board of Managers, and latterly was convener of the Medical Committee. Ten years ago he was chosen by the Queen to be her representative for Scotland on the General Medical Council, and at the expiry of his term of office he was reappointed. He was also president of Anderson's College, and took a great interest in the formation of the West of Scotland Technical College.

In all his public positions Dr. Fergus's opinion was much valued, for he combined great sagacity with excellent business tact, so that everything left to his charge was well and efficiently done. As a practitioner he was much loved and respected by his patients, and had gathered around him the leading families in Glasgow and the west of Scotland. He had also a large consulting practice, and having the very essential advantage of being a general practitioner, he was justly considered an all-round man, and his advice was sought for in almost every variety of circumstances. As a scientist he gained deserved fame from his careful investigations on the action of sewer gases on the water supply, and successfully demonstrated at a meeting of the Philosophical Society how they exercised a deleterious influence on leaden pipes.

From the sketch of his life thus given it is easy to understand how much his death is lamented by all who knew him. The city of his adoption mourns, and the grief may be said to be universal, for in his long and active career Dr. Fergus had made many friends among the rich and the poor. As a physician and citizen his record is very clear and unstained. He lived an upright life. He was an affectionate husband, a wise father, and in all the prominence of the exalted positions he occupied he was a worthy and exemplary public servant, and a thorough representative of the profession he adorned. He is survived by a widow, one daughter, and three sons. The eldest son is worthily following in his father's footsteps as a medical practitioner; the second is a surgeon-dentist; and the youngest is a distinguished alumnus in medicine of the University of Glasgow.

W. CONNER LYSAGHT, M.R.C.S., L.R.C.P. LOND.

MR. W. CONNER LYSAGHT entered as a student of the Bristol Medical School in 1879. In the course of his studies he showed much assiduity in his work, and his successes at the school prove his ability to have been above the average. He held the post of assistant demonstrator of anatomy, and, after qualifying, became medical tutor during 1885-86. In this latter capacity his qualifications as a teacher and governor became apparent, and his kindly and courteous manner won the respect of those with whom he had to deal. So recently as June last Mr. Lysaght was elected to fill the post of assistant resident medical officer to the Bristol Royal Infirmary, and, although his tenure of office was so short, it was sufficiently long to show that the earlier indications of his professional skill and enthusiasm had not been falsely represented. On July 17th, Mr. Lysaght manifested the earlier symptoms of scarlet fever, which unfortunately pursued a malignant course, and ended fatally on July 24th. Whether this illness was contracted from a patient on whom

he had performed tracheotomy some days previously, and in which case he considered it necessary to apply his lips to the wound in order to suck out the blood from the trachea, or whether he simply "caught" it among the out-patients, it is difficult to say. Any way, he died at his post and in the execution of his duties—died honourably, and died esteemed and regretted by all who had had the pleasure and honour of knowing and working with him.

CESARE BRAICO.

IN the history of the Italian war of independence—the "risorgimento," as it is called—few chapters are more interesting than that which describes the part taken in it by medical men, of whom not the least deserving and conspicuous was the able physician whose name is given above. He was born in the Kingdom of the Two Sicilies, at Brindisi in 1822, and he early devoted himself to the study of medicine in the Neapolitan School. He had barely graduated when he became politically "compromised," and in company with patriots like Spaventa, Poerio, and Settembrini, he shared the weary horrors of a Bourbon prison, from which, however, unlike his comrades in adversity, he was fortunate enough to effect his escape. He fled to England, and, like Pantaleoni, employed himself in professional study and in the occasional furtherance of patriotic schemes till 1859, when the policy of Cavour set the cause of Italian unity on wheels. At Turin he became known as one of the most fearless of the "party of action," and thence he passed to Genoa; from Genoa, as one of Garibaldi's "Thousand," to Quarto, and thence again to Marsala.

Braico was a right-hand man of Bertani in the care of the sick and wounded, and so frequently in aiding the latter did he venture under fire that he had on eleven occasions to fight like a common combatant to extricate himself from a position of jeopardy. Singularly enough, his wounds were never more than of the slightest, even when on the famous 1st of October, 1860, at Capua, he earned the praise of Garibaldi for heroism shown in the grand assault, when hundreds of red-shirts were falling around him. When Italy was proclaimed a kingdom in March, 1861, his fellow townsmen of Brindisi elected him as their representative in the parliament just assembled at Turin. Then in the peaceful arena of debate, he encountered many of his old comrades of the prison and of the battle field, and again made himself conspicuous as alternately the opponent or the auxiliary of Cavour or Garibaldi, Poerio or Crispi, Spaventa or Cavioli, Fanti or Bertani, Ricasoli or Nicotera.

Like Bertani, he distinguished himself in all legislation connected with the public health, and in recognition of his services in this department he was made "Presidente del Consiglio superiore di Sanità" at Naples. After years spent in the effective discharge of the duties of this post he was called to Rome to act as superintendent of State archives; but he did not long enjoy the comparative ease of this tranquil berth. Symptoms of failing mental power rapidly declared themselves, and he had to be removed to the Manicomio on the Janiculan, where he died on July 27th, in the sixty-fifth year of his age.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following candidates having conformed to the bye-laws and regulations, and passed the required examinations, were admitted Licentiates of the College:—

Alexandre, John Francis Gaston, St. Bartholomew's Hospital.
Althorp, Charles Frederick Manning, St. Paul's-road, Bradford.
Arnison, William Drewill, Allensdale-town, Northumberland.
Ashworth, P., Delauney-road, Higher Crumpsall, Manchester.
Bannister, Marmaduke, Acomb-street, Manchester.
Barber, Frederick Samuel, Broomfield-terrace, Bradford.
Barret, Edward E., Springfield-road, St. John's Wood.
Birch, Charles Ormond, Harley-street.
Booth, George, Low Pavement, Chesterfield.
Bright, Archibald Leonard, St. Bartholomew's Hospital.
Bullivant, Samuel, Gordon-street.
Bury, Frederick C., Upper Brook-street, Manchester.
Bullock, Henry Maurice, St. Thomas's Hospital.
Caddy, Arnold, St. George's Hospital.
Close, John Borrill, Fulham-road, South Kensington.
Cook, Samuel Bird, Ivydale-road, Nunhead.
Cort, John Giles Denison, Charing-cross Hospital.
Cosens, Charles Hyde, Huntley-street, Bedford-square.
Crisp, Ernest Henry, Marlborough House, Balham Hill.
Dane, Harold, Finchley-road, Hampstead.
Davies, Albert Barnes, Frederick-place, Mile-end-road.
Davies, Hughes Reid, Hill-street, Rutland Gate.
Day, E. Irving, Endsleigh, Dunheved-road, Thornton Heath.
De Lisle, Albert, St. Bartholomew's Hospital.
Dixon, Charles Harvey, St. Mary's Hospital.
Drake-Brockmann, Herbert Edward, St. George's Hospital.
Ellison, E. H., Daleiren-road, Amhurst Park, Stamford Hill.
Evans, William Norman, Thurlow-road, Hampstead.
Field, Oliver, Battledown Gates, Cheltenham.
Fisher, Thomas Hammond, Manchester-road, Stockport.
Fisher, William Featon, Pembridge, Isle of Wight.
Fowler, Thomas Webb, Wycombe House, Coventry.
Fox, Frederick G. Townsend, St. Bartholomew's Hospital.
Gilford, Hastings, Beech-grove, Redhill.
Gilpin, William J., Harrington-street, Regent's Park.
Godfrey, Thomas Henry, Billing-road, Northampton.
Gould, John Edwin, Albert-street, Regent's Park.
Green, George Sydney, Kildare-terrace, Westbourne Park.
Hamel-Smith, Lionel, Sydenham-road, Croydon.
Harries, William, Stanhope-street.
Harris-Liston, Llewellyn, University College Hospital.
Hastings, Edwin Birchall, Denmark-hill, Wimbledon.
Hendley, Arthur Gervase, St. Bartholomew's Hospital.
Hitchings, Robert, Groombridge-road, South Hackney.
Hubbard, Walter Lovett, The Grove, Clapham-road.
Joberns, William, The Grange, Aldridge, Walsall.
Johnston, Arthur Hammersley, Jamaica-road.
Kanthack, Alfredo Antunes, St. Bartholomew's Hospital.
Kelsall, Henry Trueman, London Hospital.
Larcombe, S. Slee, Cliftonville, Selsdon-road, West Norwood.
Lotz, Henry John, St. Thomas's Hospital.
Luard, Hugh Bixby, St. Thomas's Hospital.
Lubbock, Edgar Ashley, London Hospital.
Mair, Ludovic William Darra, St. Bartholomew's Hospital.
Nixon, John, St. Bartholomew's Hospital.
Parker, Frederick William, Brussels-road, New Wandsworth.
Phillips, G. Gordon Owen, Castletown-road, West Kensington.
Pound, Clement, Odiham, Hampshire.
Puddicombe, Edward Leonard, St. George's Hospital.
Rust, John, St. Bartholomew's Hospital.
Savery, Frank, Hastings Cottage, Grange Park, Ealing.
Savory, William Harmsworth, Douglas-road, Canonbury.
Skill, James Maurice, St. George's Hospital.
Solly, Reginald Vaughan, St. Thomas's Hospital.
Tanner, Charles Price, Houghton-place, Ampthill-square.
Theobald, Owen Le Mare, Manor-road, Holloway.
Thistle, William Brown, Stratford, Ontario, Canada.
Vernon, Arthur Heygate, St. George's Hospital.
Walker, James Pixton, Manchester.
Wilde, Leonard, Ebury-street, London.
Williams, William Griffith, Vincent-terrace, Colebrooke-row.
Wood, Hubert Moody, Barry-road, Dulwich.
Wooldridge, Arthur Tylee, Christchurch-road, Winchelsea.
Wordsworth, William John, Charlotte-street, Portland-place.
Wright, William Luard, Cambridge-terrace, Hyde Park.

The following officers have been elected in addition to those enumerated in our last issue:—Finance Committee: Sir Edward Sieveking, M.D.; G. Tupman Fincham, M.D.; C. J. Hare, M.D. Examiners: Chemistry and Chemical Physics: C. H. Ralfe, M.D.; A. J. Bernays, Ph.D.; W. J. Russell, Ph.D.; August Dupré, Ph.D.; William Foster, F.C.S. Materia Medica, Medical Botany, and Pharmacy: J. Mitchell Bruce, M.D.; Frederick Taylor, M.D.; D. Bridge Lees, M.D.; William Murrell, M.D.; Nestor Isidore C. Tirard, M.D. Elementary Physiology: William Ewart, M.D.; Vincent Dormer Harris, M.D. Physiology: W. H. Allchin, M.B.; Leonard Wooldridge, M.D.; Professor Schäfer. Osteology and Anatomy: John Curnow, M.D.; Henry Morris, F.R.C.S., L.R.C.P. Medical Anatomy and Principles and Practice of Medicine: Lionel Smith Beale, M.B.; W. H. Stone, M.B.; Octavius Sturges, M.D.; H. Gawen Sutton, M.B.; W. Butler Cheadle, M.D.; P. H. Pye-Smith, M.D.; Sir Dyce Duckworth, M.D.; H. Charlton Bastian, M.D.; William Cayley, M.D.; T. Tillyer Whipham, M.B. Midwifery and Diseases peculiar to Women: W. Overend Priestley, M.D.; Henry Gervis, M.D.; A. Lewis Galabin, M.D.; F. H. Champneys, M.B. Surgical Anatomy and Principles and Practice of Surgery: George Pollock, F.R.C.S.; Sir William Mac Cormac, F.R.C.S.; W. Morrant Baker, F.R.C.S.; Professor Humphry, F.R.C.S. Hygiene: Thomas Stevenson, M.D.; Edward Ballard, M.D.; Richard Thorne Thorne, M.B.; W. H. Corfield, M.D.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen having undergone the necessary ex-

aminations for the diploma were at an ordinary meeting of the Council on the 4th inst. admitted Members of the College:—

Alexandre, John Francis Gaston, St. Bartholomew's Hospital.
Althorp, Charles F. Manning, St. Paul's-road, Bradford.
Archer, Ernest Richard Barnes, Trinity-square.
Ashworth, Percy, Delauney-road, Crumpsall, Manchester.
Bannister, Marmaduke, Wellington-street, Blackburn.
Barrett, W., Nile-street, Stockport-road, Ashton-under-Lyne.
Bennett, George Herbert, Windsor Villa, Plymouth.
Bird, Matthew Mitchell, Gloucester-road, South Kensington.
Bright, Archibald Leonard, St. Bartholomew's Hospital.
Brooks, Richard Philip, Tollington Park.
Bullivant, Samuel, Gordon-street.
Bullock, Henry Maurice, Overtown House, Isleworth.
Bury, Frederick Charles, Upper Brook-street, Manchester.
Caddy, Arnold, Redcliffe-square.
Carter, Arlingham, Wellington House, Gloucester.
Cole, Francis, Leadenhall-street.
Cook, Samuel Bird, Ivydale-road, Nunhead.
Cooke, Cecil Whitehall, St. George's-terrace.
Cordiner, Richard, East Hesleton, York.
Cort, John Giles Denison, Princes-street, Blackburn.
Crisp, Ernest Henry, Marlborough House, Balham Hill.
Dane, Harold, Finchley-road, Hampstead.
Davies, Albert Barnes, Frederick-place.
De Lisle, Albert, Great Ormond-street.
Drake-Brockmann, Herbert Edward, Hauteville, Guernsey.
Dunlop, James Crawford, Aloa-street, Edinburgh.
Esery, William Joseph, Osborne House, Gunnersbury.
Field, Oliver, Battledown Gates, Cheltenham.
Godfrey, Thomas Henry, Billing-road, Northampton.
Gould, John Edwin, Albert-street, Regent's Park.
Hands, Charles Hubert, Deddington, Oxon.
Harris, William, Notts-square, Carmarthen.
Hastings, Edwin Birchall, Denmark Hill, Wimbledon.
Heatley, William, Grafton-street.
Hendley, Arthur Gervase, Crosfield, Bentley, Hants.
Hensley, Philip Henry Sandybrooke, Beaumont, Jersey.
Herring, Herbert Thomas, Spring-grove, Hampton-on-Thames.
Hewan, John, Belgrave-road.
Hill, Edward Brereton, Longfleet, Poole, Dorset.
Hoole, John, Maitland Park-road.
Hubbard, Walter Lovett, The Grove, Clapham-road.
James, John Angell, Bridgetown, Stratford-on-Avon.
Johnston, Arthur Hammersley, Jamaica-road.
Larcombe, Samuel Slee, Cliftonville, West Norwood.
Lewis, Ernest Edward, Middlesex Hospital.
Lewis, Phillip King, Adelaide-road.
Lotz, Henry John, St. Thomas's Hospital.
Luard, Hugh Bixby, Lambeth Palace-road.
Maddox, Ralph Henry, Kirkheaton Rectory, Huddersfield.
Mair, Ludovic William Darra, Ledbury-road, Bayswater.
Marriott, Henry Tancred, Milner-street, Chelsea.
Mills-Roberts, Robert Herbert, Erlfair Blaenau, Festiniog.
Nash, Walter Gifford, Clavering, Newport, Essex.
Norton, John, The Chestnuts, Staplegur, Taunton.
Owen, David, Fenwick-street, Hulme, Manchester.
Phillips, Stanley Clyde, Victoria-place, Plymouth.
Puddicombe, Edward Leonard, St. George's Hospital.
Raby, Leonard, Treviddoe, Liskeard, Cornwall.
Roberts, Alfred Ernest, Upminster, near Romford.
Robinson, Frederick William, Granville House, Huddersfield.
Richardson, Wm. George, Copfield House, Gateshead-on-Tyne.
Rigg, Vincent John, Hartington-place, Eastbourne.
Savery, Frank, Grange Park, Ealing.
Savory, William Harmsworth, Douglas-road, Canonbury.
Smith, Edward Locke Cathcart, Blenheim-crescent.
Solly, Reginald Vaughan, St. Thomas's Hospital.
Stewart, Robert Wray, Hatherley-grove, Bayswater.
Stokes, John, Shoreham-street, Sheffield.
Tanner, Charles Price, Ampthill-square.
Theobald, Owen Le Mare, Manor-road, Holloway.
Thompson, Alfred William, Queen's-road, Birmingham.
Tidy, Stewart Alexander, "Glenelg," Springfield Park, Acton.
Tordoff, Sargen, Louis-street, Leeds.
Trevelyan, Basil Riddell Trevelyan, Coombe Down, Bath.
Watkins, Frank Augustus, Stowe Park.
Walker, James Piton, Great Ducie-street, Manchester.
Waterhouse, Herbert Furnivall, Roy. Med. Soc., Edinburgh.
Wawn, Edward Russell, Kirkleatham Vicarage, Redcar.
Williams, William Griffith, Nag's Head, Corwen.
Wood, Hubert Moody, Barry-road, Dulwich.
Woodward, William, Hill Park-crescent, Plymouth.

BRITISH MEDICAL SERVICE.—The following is the list of Surgeons on Probation in the Medical Department of the British Army who were successful at both the London and Netley examinations recently held. (The prizes are awarded for marks gained in the special subjects taught at the Army Medical School.) The final positions of these gentlemen are determined by the marks gained in London added to those gained at Netley:—

	Combined Marks.		Combined Marks.
Smith, H. E. H.	6195	Blenkinsop, A. P.	4975
*Gore, Graham W. P. ...	6150	Paterson, J.	4905
Alexander, G. F.	5860	Davoren, V. H. W. ...	4805
Spoug, C. S.	5855	Wright, A.	4800
Leishman, W. B.	5850	Copeland, R. J.	4815
Woods, E. M.	5705	Girvin, J.	4780
Thomson, J.	5655	Luther, A. J.	4725
Rawnsley, G. T.	5400	Peeke, H. S.	4700
Reilly, C. W.	5200	Borradaile, A. L.	4600
Freeman, E. C.	5125	Smyth, R. H.	4575
Trask, J. E.	5120	Birt, T.	4555
Crofton, W. J.	5065	Hallaran, W.	4545
Forbes, N. H.	5065		

* Gained the Montefiore Medal and Prize of 20 guineas.

INDIAN MEDICAL SERVICE.—The following candidates were successful at the recent examinations:—

	Marks.		Marks.
Meyer, C. H. L.	6495	Fischer, L. G.	5505
Elliott, W. H. W.	6230	Vost, W.	5450
Murray, J.	6170	Garvie, J.	5275
Cordiner, L. F.	6135	Mc Kvoy, W. G.	5250
Clark, W. R.	6130	Gilbert, C. E. L.	5240
Braide, G. F. W.	6080	Macleod, H. W. G.... ...	5055
Marks, R. J.	5985	Manifold, C. C.	5045
Sunder, C. E.	5810	Irvine, G. B.	4950
Ker, M. A....	5755	Crawford, F. J	4870
Herbert, H.	5695	Simpson, D.	4860
Parry, T. D. C.	5575	Robertson, R.	4795
Jolliffe, A. R.	5560	Moore, T. C.	4770
Buchanan, A.	5550	Jacob, A. H.	4670
Hailey, P. O. W.	5545	Karney, W. H.	4645

Mr. Meyer gained the Herbert Prize of £20, with the Martin Memorial gold medal; Mr. Marks gained the prize in Pathology, presented by Sir Joseph Fayrer; Mr. Elliott gained the Montefiore second prize; and Mr. Murray gained the Parkes Memorial bronze medal.

THE Library of the Obstetrical Society of London will be closed from August 15th to September 15th.

THE seventh annual meeting of the Ontario Medical Association was held at Toronto on the 8th and 9th ult.

AN attempt is being made to establish a permanent Hygienic Museum in Warsaw.

THE Provincial Council of Antwerp has decided against the erection of a large provincial lunatic asylum.

IT is proposed to present Professor Alexander Williamson, F.R.S., with his portrait on the occasion of his retirement from the chair of Chemistry in University College.

AT a meeting of the representatives of the various local authorities in the Stourbridge Union on the 19th ult., it was decided that a hospital for infectious diseases be provided without the formation of a separate hospital board.

SUNSTROKE.—The excessively high temperature in Austro-Hungary has been attended with many cases of insolatio. In Buda-Pesth, sixteen gendarmes are said to have been prostrated by the heat, and placed under medical care.

THE jubilee bazaar in aid of the funds of the Kent and Canterbury Hospital closed at Canterbury on the 29th ult. The proceeds of the sale, including several donations, amount to upwards of £1400. The main portion of the deficit which it was hoped to pay off will therefore be met.

INTEMPERANCE IN BELGIUM.—A law consisting of sixteen articles has just been passed in Belgium with the object of checking alcoholic excesses. One of the clauses provides for the periodical examination of the character of the holders of licences and their mode of doing business, and another clause prohibits the giving of credit for drink.

MANCHESTER ROYAL INFIRMARY.—The annual meeting in connexion with this infirmary, and the affiliated institutions, was held on the 28th ult. From the report which was presented and adopted, it appeared that in 1876 the total number of persons treated at the infirmary and at the convalescent hospital amounted to 21,061, and the cost was £25,116. In 1886-87 no less than 37,548 patients received treatment, at a cost of £22,596. Thus the increase in the number of patients amounted to over 78 per cent., but the actual expenditure decreased £2520, or 10 per cent. The financial report was not satisfactory, the deficit last year amounting to £2855, and that of the present year to £2459.

ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.—The directors of this institution have unanimously resolved that one of the wards of the hospital shall be specially set apart for the treatment of surgical cases, and that this arrangement shall subsist for a period of three years from and after November 1st next, and at the expiry of that time shall be subject to reconsideration. Dr. Joseph Bell has been appointed surgeon of this ward.

HYPNOTISM is said to be making great advances in France, where people are now being mesmerised for all sorts of diseases, and even bad habits. The latest outcome has been the attempted curing of the drink habit by what is called "suggestion," the patient, while "under control," being ordered to avoid intoxicating liquors of all kinds, and it is claimed that success has been obtained in this respect.

THE CULTIVATION OF IPECACUANHA.—The Madras Government, on the recommendation of its Surgeon-General, has determined to commence the cultivation of ipecacuanha on a small scale in the Nilgiris. The experiments at Ootacamund have shown that the plant, although not difficult to propagate, can only be successfully grown in a limited area possessing suitable climatic conditions; and it was considered unlikely that the cultivation would be taken up to any extent by private individuals.

MEDICAL MISSION AT NAZARETH.—Dr. Vartan, who has for many years acted as the agent of the Edinburgh Medical Missionary Society at Nazareth, has been engaged in building a permanent hospital, so as to be able to carry on his work more effectively. Recently, however, he has been obliged to give up the site and all the buildings to the Turkish Government. This has of course been a great disappointment to him and to all the friends who have contributed towards the work; but there is still hope that another site may be found, and the requisite firman obtained from the Turkish authorities.

ST. GEORGE'S HOSPITAL.—Dr. John W. Ogle on Wednesday, the 27th ult., distributed the prizes in the medical school of this hopital. The examinations passed by the successful candidates were extremely satisfactory, as the number of marks awarded by the different examiners amply testified. In a few prefatory remarks, Dr. Ogle recounted his experience, both in the hospital and in its school, in years gone by, and called the attention of his audience more especially to the many advantages they possessed over students of former days. He urged them strongly to perfect their knowledge of their profession by diligent study of its practice in the wards, and urged upon them the mental training which an examination afforded, even should the competitor be unsuccessful in obtaining the prize. The following prizes were then awarded:—General Proficiency Prizes: 1st year, Mr. R. M. H. Walford; Honorary Certificate, Mr. A. W. Read; 2nd year, Mr. L. W. Seymour; 3rd year, Mr. Cyril Ogle. Certificate of Proficiency in Medicine, Pathology, and Midwifery: Mr. H. Higgins. Treasurer's Prize, and the Brackenbury Prize in Surgery: Mr. F. W. Parker. Thompson Medal: Mr. A. H. Ward. Pollock Prize in Physiology: Mr. L. W. Seymour. Henry Charles Johnson Prize in Anatomy: Mr. Barkworth. Brackenbury Prize in Medicine, and William Brown Exhibition (£40): Mr. E. le Cronier Lancaster. Sir Charles Clarke's Prize: Mr. H. E. Drake-Brockman.

MEDICAL NOTES IN PARLIAMENT.

Smoke Nuisance Abatement (Metropolis) Bill.

IN the House of Lords on the 1st inst., Lord Stratheden and Campbell moved that the House go into committee on this Bill.—Lord Wemyss moved, as an amendment, that before the law for the prohibition of smoke was extended to private dwellings it was desirable that the purpose and intention of the Acts relating to smoke nuisance should be more fully carried into effect, either by their amendment or by their better administration.—The Lord Chancellor objected to the powers to be left to the local authorities as unprecedented. The object was a good one, but the Bill was ill-digested, clumsy, and inconvenient, and he believed it would be inoperative.—Lord Monkswell thought that some of the objections made to the Bill were not well founded, because the Home Secretary could revise the penalties.—Lord Crawford was of opinion that some of the provisions relating to private houses would be intolerable.—Lord Hobhouse supported the Bill, and Lord Brownlow opposed it.—Lord Rosebery believed that the better course in this matter would be to give to the metropolis a body to manage its municipal affairs and to let that body deal with the smoke nuisance; but, as their lordships had read the Bill a second time and referred it to a Select Committee, he thought that to adopt the amendment would be to show a disregard, if not a contempt, for former decisions of the House.—Lord Denman spoke in favour of the amendment.—On a division, the motion for going into committee was rejected by 30 to 12.

The Margarine (Fraudulent Sale) Bill.

On the 2nd inst., on the order of the day for going into committee on this Bill, Lord Wemyss rose and appealed to Lord Basing to postpone the Committee on the ground that the report of the Select Committee of the House of Commons on the subject of the Bill had only just come into their lordships' hands. This suggestion gave rise to an animated discussion, in which Lord Wantage, Lord Granville, Lord Bramwell, Lord Rosebery, and Lord Thring supported Lord Wemyss; and Lord Powerscourt, Lord Egerton, Lord Militown, Lord Stanley of Preston, Lord Basing, and Lord Fitzgerald opposed him. Ultimately Lord Cranbrook recommended Lord Basing to move that the House go into committee. This Lord Basing did, and the motion was carried by 50 to 15.—Their lordships having gone into committee, Lord Granville announced that the minority in the division just taken would refrain from taking any part in discussing the Bill until it reached another stage. The various clauses, with some unopposed amendments, were ordered to stand part of the Bill, and the preamble and the title were agreed to.

Fever at the Gold Coast.

In the House of Commons, on the 28th ult., in answer to Mr. Conybeare, Sir H. Holland said that "black water fever" was not a specific disease, but was a name given by certain doctors on the Gold Coast to a specially severe form of the ordinary remittent fever of West Africa. The rainy season this year had no doubt been more than usually unhealthy, but there was no reason to attribute this in any special way to want of good sanitary arrangements and good water. Indeed, the papers recently laid before Parliament (C. 5071, pp. 101 and 241) showed that a great deal had been done in the way of improvement in these matters, and the efforts of the Government were being continued. The statement that 50 per cent. of the European residents had died, was, he had every reason to believe, greatly exaggerated. He had received no report of the election of a Board of Health at Cape Coast, or of any petition to the Governor on the subject.

Drainage in North-west London.

In answer to Mr. Bartley, Mr. Ritchie said that the Local Government Board had not received any complaint as to the drainage arrangements of the Hendon sanitary authority at Alperton. If any such complaint were made to the Board it would receive attention. He added that the Board had that day received a letter from the sanitary authority in which they entirely deny that the works are carried on in a satisfactory manner.

Ventilation of the House.

In reply to Mr. Warmington, Mr. Plunket said that his attention had been from time to time directed to the offensive smells prevalent in the House and its corridors, and very recently. He was perfectly satisfied that they did not proceed from any defect in the drainage of the palace, which is, he believed, now in as perfect a state as modern science could make it. He had no doubt that these smells came from outside. Observations were being made, but they had not yet been able to trace the smells to their true origin.

On the 1st inst. Mr. Esslemont asked the First Commissioner of Works whether he had any reason to believe that the noxious air in the House was due to the artificial system of ventilation; and whether, by way of experiment, he would allow the present system to be discontinued for a few days in order to allow fresh air to be admitted from the windows in the roof.—Mr. Plunket said he had no reason to believe that the air in the House was noxious, and what the hon. member called the artificial system of ventilation consisted simply in this—that the air which members had been breathing was drawn out through the ceiling so that fresh air might constantly enter the more freely from below. He could not advise that the experiment suggested by the hon. member of discontinuing this system should be tried.—In reply to a further question by Dr. Kenny, as to whether the suggestion made by the hon. member for Mid-Cork as to straining the air introduced into the House had been taken into consideration, Mr. Plunket said that such experiments had been tried.

Metropolitan Cemeteries.

On the 2nd inst., Mr. O. V. Morgan asked the Secretary of State for the Home Department, with regard to the proposed new burial ground for South London, whether he was aware that the cemeteries of Bethnal-green and Victoria-park, and of Stoke Newington at Abney-park, were sanctioned without application to Parliament; whether he was aware that by 16 and 17 Vict., c. 134, s. 6, it was enacted, "When any new site has been selected an ordinary letter stating the fact and requesting approval of the same shall be addressed to the Home Secretary;" whether he was aware that the Battersea Burial Board was prepared to carry out any suggestions he might make as to sanitary arrangements; whether he was aware that the chairman of the Sutton Local Board advocated the establishment of the cemetery as a great boon to the inhabitants of that town; and whether he was now prepared to give his sanction to the proposed cemetery.—Mr. Mathews replied that the cemeteries named in the hon. member's question were, he believed, formed under the powers of the Cemeteries Clauses, 1848. The 16 and 17 Vict., c. 134, did not, so far as he could discover, contain the words quoted by the hon. member. His answer to the third and fourth questions was in the negative. The opening of a new burial ground and burials in Sutton had been prohibited by Order in Council, for the protection of the public health; and he was still considering whether he was justified in sanctioning the opening of a new and large cemetery in that district, as to which he was now receiving frequent communications.

BOOKS ETC. RECEIVED.

BAILLIÈRE, J. B., ET FILS, Paris.

Les Anesthésies Hystériques, des Muqueuses et des Organes des Sens, et les Zones Hystérogènes des Muqueuses. Par Dr. L. Lichtwitz. pp. 182.

BAILLIÈRE, TINDALL, & COX, King William-street, Strand, London.

The Throat and its Diseases. By Lennox Browne, F.R.C.S.E. Second Edition, rewritten and enlarged. pp. 614, with Illustrations, some coloured.

BLAKISTON, SON, & Co., Philadelphia.

Anæmia. By Fred. P. Henry, M.D. pp. 136.

The Polyclinic. Vol. IV. Edited by H. Leffmann, M.D. pp. 280, Illustrated.

CASSELL & Co., London, Paris, New York, & Melbourne.

Syphilis. By Jonathan Hutchinson, F.R.S., LL.D. pp. 532, with 8 Chromo-lithographs.

CHURCHILL, J. & A., New Burlington-street, London.

Surgical Emergencies. By Paul Swain, F.R.C.S. Fourth Edition. pp. 229, with Illustrations.

On some of the Mental Affections of Childhood and Youth. By J. Langdon Down, M.D.Lond. pp. 307.

Health Resorts at Home and Abroad. By M. Charteris, M.D. Second Edition. pp. 212, with Map.

Illustrations of Clinical Surgery. By Jonathan Hutchinson, F.R.S. Fasc. XIX. Plates 71—74. 6s. 6d.

Surgery, its Theory and Practice. By W. J. Walsham, F.R.C.S., &c. (Students' Guide Series.) pp. 744, with 236 Illustrations.

Lectures on the Surgical Diseases of the Urinary Organs. By Reginald Harrison, F.R.C.S. Third Edition, rewritten and enlarged. pp. 583, with Illustrations.

FISCHER G., Jena.

Beiträge zur pathologischen Anatomie und Physiologie. Herausgegeben von Dr. Ernest Ziegler und Dr. C. Nauwerck. Zweiter Band, erstes Heft.

KEGAN PAUL, TRENCH, & Co., Paternoster-square, London.

Matter and Energy. By B. L. L. pp. 85.

LEWIS, H. K., Gower-street, London.

Experimental Researches in Artificial Respiration in Stillborn Children, &c. By F. H. Champneys, M.A., M.B.Oxon., &c. pp. 155.

Massage as a Mode of Treatment. By Wm. Murrell, M.D., F.R.C.P. Third Edition. pp. 143, with Diagrams.

Sterility and Impotence in Man. By Dr. R. Ultzmann. Translated, with Notes and Additions, by Arthur Cooper. pp. 100.

LONGMANS, GREEN, & Co., Paternoster-row, London.

Pulmonary Consumption, its Etiology, Pathology, and Treatment. By C. J. B. Williams, M.D., LL.D., F.R.S., and C. T. Williams, M.A., M.D.Oxon. Second Edition, enlarged and rewritten by Dr. C. T. Williams. pp. 446, with 4 Coloured Plates and 10 Woodcuts.

LIVINGSTONE, E. & S., Teviot-place, Edinburgh.

The Anatomy of Surgery. By John M'Lachlan, M.B., M.R.C.S. pp. 768, with 74 Engravings.

NEW SYDENHAM SOCIETY, London.

A Text-book of Midwifery. By the late Prof. Otto Spiegelberg. Translated from the Second German Edition by J. B. Hurry, M.A., M.D.Cantab. Vol. I. pp. 551, with Illustrations.

OLIVER & BOYD, Edinburgh.

Notes on Surgery for Nurses. By Joseph Bell, F.R.C.S.Ed. pp. 136.

REPUBLICAN PRESS ASSOCIATION, Concord, N.H., U.S.A.

Transactions of the New York State Medical Association for 1886. Vol. III. Edited by A. L. Carroll, M.D. pp. 601, with Illustrations.

SPON, E. & F. N., London and New York.

Food Adulteration and its Detection. By J. P. Battershall, Ph.D., F.C.S. pp. 328, with Illustrations.

STABILIMENTO TIPOGRAFICO DEI CLASSICI, Italiani. Napoli.

Trattato della Difteria. Per il Cav. Dott. Vincenzo Cozzolino. Vol. I.

TRÜBNER & Co., Ludgate-hill, London.

Morality and Utility: a Natural Science of Ethics. By G. Payne Best, B.A., M.B.Cantab. pp. 200.

TURNBULL & SPEARS, Edinburgh.

Hints on the Breeding and Rearing of Farm Animals. By Thomas Walley, M.R.C.V.S., Principal of Dick's Veterinary College, pp. 68.

A Horse's Troublous Life, the Life of a Dairy Cow, the Life of a Dog, with Animal Characteristics. By Thomas Walley, M.R.C.V.S. pp. 57.

WATT, A. P., Paternoster-square, London.

Three Lectures on the Forms of Nasal Obstruction in relation to Throat and Ear Disease. By Greville MacDonald, M.D.Lond. pp. 80, with Plates.

WHITTAKER & Co., White Hart-street, Paternoster-square, London.

Technical School and College Building. By E. C. Robins, F.S.A. pp. 244, Illustrated.

WREDEN, F., Braunsweig.

Militärmedicin: Kurze Daratellung des Gesamten Militär-Sanitätswesens. Von Dr. H. Frölich. S. 760, mit 37 Abbildungen in Holzschnitt.

Atti della Reale Accademia Medica di Roma; Anno XII., Vol. II., Serie 2.—Descriptive Catalogue of the Specimens illustrating Surgical Pathology in the Museum of University College, London; by Marcus Beck, M.S., &c., S. G. Shattock, F.R.C.S., and C. Stonham, F.R.C.S.; Part II.—Transactions of the Pathological Society of Philadelphia, Vol. XII.; edited by W. E. Hughes, M.D.—Walks in the Ardennes; edited by Percy Lindley (Smith and Son, Strand). 6d.—How he Did it; the Story of Harry Furniss's Artistic Joke, told by his Lay-Figure. 1s.—A Guide to the Choice of a Site for Residential Purposes; by a Member of the Geologists' Association (Sutton, Redhill). 6d.—Receipts for Fluid Foods; by Mary Bullar and J. F. Bullar, M.B.Cantab., &c. (Lewis, Gower-street).—On Holidays; by Roderick Maclaren, M.D.—Untersuchungen über Heterogenese; von Dr. A. P. Fokker (Noordhoff, Groningen).—The Climate of Llandudno; by James Nicol, M.D.; Second Edition.—"The Ten Tribes;" by Alder Smith, M.B., F.R.C.S.—Ein Beitrag zu den Operationen der Cephalocelen; von Dr. B. Flothmann (Henser, Berlin).—Examination Cards (Minor Surgery, &c.); by A. T. Schofield, M.D., F.R.C.S.—Pocket Shorthand Instructor complete (Fourth Edition).—The Physiological Effects of Artificial Sleep, with some Notes on Treatment by Suggestion; by Dr. M. Roth (Baillière, Tindall and Cox).—Sherryana; by F. W. C.; with Illustrations by Linley Sambourne.—L'Ospedale Lina—Rendiconto Statistico, 1881-86; pel Dott. E. Silvia.—Report and Narrative of the Trial at Christchurch, New Zealand, of Thomas Hall and Margaret Graham Houston charged with attempting to Murder Kate Emily Hall. 1s.—The Curability of Insanity and the Individualised Treatment of the Insane; by J. S. Butler, M.D. (Putnam's Sons).—Magazines for August: Good Words, Sunday Magazine, Leisure Hour, Sunday at Home, Boys' Own Paper, Girls' Own Paper, Scribner's Monthly.—Atlas von Beleuchtungsbildern des Trommelfels; von Dr. K. Bürkner.—Journal of the College of Science, Imperial University, Japan Vol. I., Part 3.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

BACON, ALFRED T., M.R.C.S., L.R.C.P.Ed., has been appointed Medical Officer for the Sixth District of the Leeds Union.

BARKER, JOHN, M.B.Durh., M.R.C.S., has been appointed Medical Officer of Health for the Reeth Rural Sanitary District; and Medical Officer and Public Vaccinator for the Muker District of the Reeth Union, vice Turner, resigned.

BRIDGMAN, HENRY EDWARD, L.R.C.P.Lond., M.R.C.S., has been appointed Assistant Surgeon to the Burton Infirmary.

CLARKSON, EDWARD, L.R.C.S., L.R.C.P.Ed., has been appointed Medical Officer for the Fourth District of the Ongar Union.

EVANS, EVAN, M.R.C.S., L.S.A., has been appointed Medical Officer for the Llanelly District and the workhouse of the Llanelly Union.

HOOPER, ALFRED, M.R.C.S., L.S.A., has been appointed Assistant Surgeon to the Burton Infirmary.

JACK, CHARLES, M.D., C.M.Glas., has been appointed Medical Officer of Health, or the Horsforth Urban Sanitary District.

JOHNSTONE, WILLIAM, has been appointed Analyst for the Borough of St. Ives.

LODGE, SAMUEL Jun., M.B., B.S., has been appointed Medical Officer of Health for the Tong Urban Sanitary District, vice Lodge, resigned.

MATTHEWS, VALENTINE, M.R.C.S., L.S.A., has been appointed Surgeon to the Westminster General Dispensary.

MONTAGUE, A. J. HELM, M.B.Dunelm., L.R.C.P.Lond., M.R.C.S., has been appointed House-Surgeon to the East Suffolk and Ipswich Hospital, vice Taylor, resigned.

MORGAN, G. F. ELLIOT, M.R.C.S., L.R.C.P.Lond., has been appointed House-Surgeon to the Hartlepools Hospital, vice Paige, M.B., resigned.

MORITZ, SIEGMUND, M.D., M.R.C.P.Lond., has been appointed Assistant Physician to the Manchester Hospital for Consumption and Diseases of the Throat.

OLIVER, M. J., M.B., C.M.Ed., has been appointed Demonstrator of Anatomy in the Medical Department of the Yorkshire College.

PROFFITT, WILLIAM J. W., L.R.C.P.Lond., M.R.C.S., has been appointed Assistant Surgeon to the Burton Infirmary.

REID, IRVINE K., M.D.Aber., has been appointed Medical Officer in the Government Medical Service of British Guiana.

SHAW, HUGH GROSVENOR, M.R.C.S., L.R.C.P., has been appointed House-Surgeon and Visiting Surgeon to the Southport Infirmary, vice J. C. Voight, M.D., resigned.

Vacancies.

In compliance with the desire of numerous subscribers, it has been decided to resume the publication under this head of brief particulars of the various Vacancies which are announced in our advertising columns. For further information regarding each vacancy reference should be made to the advertisement.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria-park, E.—Assistant Physician.

CUMBERLAND INFIRMARY, Carlisle.—Resident Pupil. Fee, to include board, £20 for six months.

DIOCESE OF NEW WESTMINSTER, British Columbia.—Medical Missionary. Stipend £150, with lodging, and liberty of private practice.

FEMALE LOCK HOSPITAL, Harrow-road, W.—Assistant House-Surgeon. Board and lodging, but no salary.

LEEDS GENERAL INFIRMARY.—Resident Medical Officer. Salary £100 per annum, with board, residence, and washing.

NEWCASTLE-ON-TYNE DISPENSARY.—Visiting Medical Assistant. Salary £120 per annum.

PARISH OF DURNESS, Sutherlandshire.—Medical Officer. Guaranteed salary £150, with free house.

PAROCHIAL BOARD OF PENNYGOWN AND TOBOSAY.—Medical Officer. Salary £100 a year.

SALFORD UNION INFIRMARY.—Assistant Medical Officer. Salary £140 per annum, with furnished apartments.

SUNDERLAND INFIRMARY.—House-Physician. Salary £80, rising £10 annually to £100, with board and residence.

WARRINGTON INFIRMARY AND DISPENSARY.—Senior Resident Surgeon Apothecary. Salary £100 per annum, with furnished residence and board.—Junior Resident Surgeon Apothecary. Salary £80 per annum, with furnished residence and board.

Births, Marriages, and Deaths.

BIRTHS.

ARMITAGE.—On May 22nd, at Emu Bay, Tasmania, the wife of Joseph Armitage, M.B.Oxon., M.R.C.S., of a daughter.

COCKELL.—On the 30th ult., at Forest-road, Dalston, the wife of Fredk. B. Cockell, Jun., M.R.C.S., of a son.

GRÜN.—On the 26th ult., the wife of Edward F. Grün, M.R.C.S., of a son.

PAULLEY.—On the 22nd ult., at Pulham Market, Norfolk, the wife of Legge Paulley, L.R.C.P.Ed., M.R.C.S., of a son.

VIVIAN.—On the 1st inst., at Chase Side, Southgate, N., the wife of R. T. Vivian, L.R.C.P.Ed., M.R.C.S., of a son.

WALTER.—On the 28th ult., at Marshfield, Gloucestershire, the wife of W. Ernest Walter, M.R.C.S.Eng., L.S.A., of a daughter.

MARRIAGES.

COWEN—HUXLEY.—On the 27th ult., at St. Michael's, Brixton, George Cowen, M.D., B.Ch., B.A., to Marion, youngest daughter of W. T. Huxley, Esq., of Brixton.

FRASER—RUTTER.—On the 27th ult., at Brixton Independent Church, E. Fraser, M.D., to Helena Blanche Rutter, daughter of D. F. Rutter, of The Limes, St. John's-road, Brixton, S.W.

FRIZELL—EVERETT.—On June 17th, at the Presbyterian Church, Singapore, Thomas Frizell, B.A., M.D., M.Ch., J.P., to Annie, eldest daughter of George Everett, Esq., of Brixton, London.

FURNER—O'REILLY.—On the 28th ult., at the Church of the Sacred Heart, Kilburn, by the Rev. George Bampfield, B.A., assisted by the Rev. Father Cox, O.M., J. Duncan Campbell, younger son of William Campbell Furner, of Salisbury-road, Brighton, and grandson of the late William Furner, J.P., D.L., County Court Judge, to (Minnie) Mary Elizabeth Eleanor, only daughter of the late Michael O'Reilly, M.D., and Mrs. O'Reilly, of Bishop's Stortford, Hertfordshire.

MACKENZIE—FEDDON.—On the 27th ult., at St. Augustine's, Highbury, London, William James MacKenzie, M.B.Glas., to Susannah (Susie), twin daughter of J. Monkhouse Feddon, Esq., of Highbury New-park.

PAINE—SAYERS.—On the 28th ult., at St. Margaret's, Lee, W. H. Paine, L.R.C.P.Lond., M.R.C.S., to Clara Emma, third daughter of W. J. Sayers, of Lewisham, S.E.

STACY—THORN.—On the 27th ult., at St. Philip's, Heigham, Norwich, John Herbert Stacy, L.R.C.P., L.R.C.S., to Naomi Ellen, elder daughter of Charles Thorn, of Norwich.

DEATHS.

DOLMAN.—On the 28th ult., at the Wardwick, Derby, Arthur Henry Dolman, M.R.C.S., L.S.A., in the 57th year of his age.

FERGUS.—On the 29th ult., at Bath-street, Glasgow, Andrew Fergus, M.D., M.R.C.S., Crown Member for Scotland of the General Medical Council, and ex-President of the Faculty of Physicians and Surgeons, Glasgow, aged 65.

N.B.—*A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.*

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, August 4th, 1887.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 a.m.
July 29	29·98	W.	69	64	117	73	62	...	Cloudy
,, 30	30·04	W.	63	58	116	78	56	·07	Hazy
,, 31	30·10	N.	64	61	109	76	59	...	Cloudy
Aug. 1	30·23	N.E.	62	56	119	77	54	...	Fine
,, 2	30·29	N.	63	57	118	76	57	...	Fine
,, 3	30·40	E.	63	57	109	76	55	...	Hazy
,, 4	30·38	S.E.	64	57	110	76	55	...	Hazy

MEDICO-PSYCHOLOGICAL ASSOCIATION.

EXAMINATION IN PSYCHOLOGICAL MEDICINE, JULY 25–26, 1887.

PASS EXAMINATION.

(It is not necessary to answer more than four of these questions.)

1. Give the symptoms, bodily and mental, of general paralysis of the insane, distinguishing between the several stages through which it may run. Note the different mental forms which may characterise the invasion of the disorder.
2. With what other diseases may acute delirious mania be confounded? Give the differential diagnosis.
3. What forms of mental disorder may be classed under "alcoholic insanity"?
4. Enumerate the bodily and mental symptoms of mental stupor with melancholia. In what does it differ from mental stupor without melancholia ("primary dementia")?
5. Give the treatment (general and medical) of a case of puerperal mania.
6. In what form and dose would you prescribe hyoscyamine, hyoscine, hydrobromate, urethane, paraldehyde, and hypnone?

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication

We cannot prescribe or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

MEDICAL MEN AND THEIR ACCOUNTS.

SOME patients seem to have a pleasure in writing a grumbling letter to *The Times* instead of promptly paying their medical accounts. The last instance is that of a gentleman who describes himself as a "victim," and complains that he is charged for twelve months' professional medical attendance and medicine £47 9s. He calls the charge "enormous for attendance on one person." It is by no means necessarily so. It may be quite a moderate one. There are no rules in the medical profession which forbid a medical man in general practice to furnish particulars when asked to do so. Indeed, it is proper that he should comply with such a request; but it is unkind to ask him unless the case is very clear. Medical men are always ready to give any reasonable information as to their charges; but to ask them to spend their scanty hours of rest at Christmas in giving long clerical details of attendance is unreasonable.

Mr. T. White.—The method is described in the current (July) number of the journal of the Chemical Society, in an abstract of a paper by L. Spiegel (*Chem. Centr.*, 1887, 363, 364).

Andw. McL.—The qualifications named do not justify the use of the title "Physician."

Jurenis.—The matter shall not be overlooked.

HOSPITALS AND HOSPITAL WORK.

THE *Sunday at Home* is publishing an interesting series of papers headed as above, from the pen of Mrs. Brewer. The Westminster is the hospital under notice in the August number of the magazine. The history of the institution dates from the year 1715, when the condition of sick prisoners in London, and of the sick poor generally, excited the sympathy of four gentlemen—Henry Hoare, Robert Witham, Patrick Cockburn, and William Wogan, who, having collected some funds, secured rooms in the house of a lady in Westminster, which formed the nucleus of the future hospital. In 1720 this small band of workers opened an establishment in Petty France, among the very poor of Westminster, where they carried on their benevolent labours for four years, Dr. Colbatch working always gratuitously with them until 1723, when he ceased to belong to them. Soon after a dissension arose among the committee respecting an appropriate site for the institution, the result of which was that the minority separated themselves and founded a hospital at Lanesbro' House, known now as St. George's Hospital, whilst the majority fixed upon a house in James-street. In this building the hospital carried on its work for 100 years, and in 1834 it removed to its present position.

Motor Nerve.—Our correspondent will find the subject fully discussed in any of the standard works on physiology.

Dr. T. Hall Redwood.—The method is described in the *Analyst*, October, 1886, page 197.

A Sufferer should consult a local medical practitioner. We do not prescribe.

Dr. W. Duncan.—The paper has been received, and will appear shortly.

THE BROWN DEFENCE FUND.

To the Editors of THE LANCET.

SIRS,—Will you kindly allow me to say that in answer to a further appeal I have received the following additional contributions to the above fund. I remain, Sirs, yours faithfully,

G. STANLEY MURRAY, M.D.

23, Upper Richmond-road, Putney, Aug. 1st, 1887.

Amount already acknowledged	£25	16	0	F. M. Corner, Esq. ...	£0	10	6
W. Allingham, Esq. ...	5	5	0	Mr. H. W. Kiallmark ...	0	10	6
Dr. W. Denman	2	2	0	Dr. Augustus Brown ...	0	10	6
Dr. Hughlings Jackson...	2	2	0	Dr. Norman Kerr ...	0	10	0
Sir Edwin Saunders ...	2	2	0	Dr. Heywood Smith ...	0	10	0
Wm. Adams, Esq. ...	2	2	0	Dr. E. W. F. Stivens ...	0	10	0
Woodhouse Brain, Esq....	1	1	0	Messrs. Crampton and Shepherd	0	10	0
R. J. Godlee, Esq. ...	1	1	0	Percy Warner, Esq. ...	0	10	0
Jonathan Hutchinson, Esq.	1	1	0	A. Evershed, Esq. ...	0	10	0
Dr. J. Armstrong ...	1	1	0	Dr. Calver James ...	0	5	0
Dr. W. M. Ord	1	1	0	Dr. H. Cayley	0	5	0
Dr. Edward Nix	1	1	0	Dr. Maurice Davis ...	0	5	0
Dr. C. T. Aveling ...	1	1	0	Dr. Daniels	0	5	0
Dr. Thos. Barlow... ...	1	1	0	Anonymous	0	5	0
W. Morrant Baker, Esq.	1	1	0	N. S.	0	4	6
T. Wakefield, Esq. ...	1	1	0	L.R.C.S Lond.	0	2	6
Bruce Clarke, Esq. ...	0	10	6	Surgeon-Major (Retired List)	0	2	6
Sir J. Paget, Bart. ...	0	10	6				

USE OF COCAINE IN MINOR SURGERY.

To the Editors of THE LANCET.

SIRS,—Having lately seen several letters in your columns speaking satisfactorily of cocaine as a local anæsthetic, perhaps the following case may be of interest to some of your readers.

A young woman aged thirty came to me a short time ago with a sarcoma of three years' growth from the outer surface of the lower jaw, at a point corresponding to the right molar teeth. I decided to remove it; and as she strongly objected to chloroform, I injected a 4 per cent. solution of the hydrochlorate of cocaine in the neighbourhood of the tumour, and gave the growth itself a thorough soaking with a 20 per cent. solution of the drug. I then removed the tumour, with the result of little or no pain and a rapid recovery without a bad symptom. The tumour was a spindle-celled periosteal sarcoma.

I am, Sirs, yours very truly,

St. David's, Aug. 2nd, 1887. J. GWYTHER HARRIES, L.K.Q.C.P., &c.

THE THERAPEUTICAL SOCIETY.

To the Editors of THE LANCET.

SIRS,—By a printer's error the name of Mr. Haward, F.R.C.S. Eng. was substituted for that of Dr. Haward, M.R.C.P.L., F.R.C.S.Eng., in the list of the Council of the Therapeutical Society. Dr. Saundby has asked me to withdraw his name, and Dr. Rayner, M.R.C.P.E., President of the Medico-Psychological Society, has kindly consented to join the Council. I am, Sirs, yours truly,

Longridge-road, W., Aug. 2nd, 1887. A. G. BATEMAN, Hon. Sec.

To the Editors of THE LANCET.

SIRS,—As my name has appeared in the list of the Provisional Council of this Society, will you permit me to announce that I have withdrawn from all connexion with it.—I am, Sirs, yours faithfully,

Birmingham, Aug. 1st, 1887. ROBERT SAUNDBY.

GAELIC MEDICINE.

THE Edinburgh Advocates' Library possesses a valuable collection of Gaelic MSS., many of them embodying such medical science as was professed and practised in the Western Highlands of Scotland between four and five hundred years ago. To one of these the accomplished occupant of the Celtic chair in the University of Edinburgh, Prof. McKinnon, has recently called attention, as having, like its congeners, belonged to the MacBeaths, or Bethunes, or Beatons, who for many generations were physicians of high repute, particularly in the islands of Mull and Islay. Of Irish pedigree, which was equivalent among these islanders to having "come over with the conqueror," these Bethunes were occasionally called in by the Scottish kings, and one of them, "Ferchard Leche" (Farquhar the Healer), cured King Robert II. of a sore and serious illness, for which, as a reward, he was made body physician to His Majesty, and received "the lands of Mollenes and two parts of Hope in Sutherland," as well as the islands lying between Store Head in Assynt and that point of Armadale in Farr. The physician being "himself of kingly descent," doubtless owed to this circumstance the "right royal" character of the "fee." Prof. McKinnon mentions a "Fergus Beaton" as having the following ancient Irish MSS. in the Irish character—to wit, "Avicenna, Averroës, Joannes de Vigo, Bernardus Gordonus, and several volumes of Hippocrates." These documents are in the Advocates' Library Collection, and their subjects are "medical and medico-astrological." They contain a Latin medical treatise, with a translation and commentary in Gaelic. The first chapter is on "fevers—*febris est calor non naturalis*, &c. Then follows a Gaelic paraphrase, with or without explanation." The treatise is divided into chapters, sections, and subsections, in regular scientific order. Further on proverbs and maxims, moral as well as medical, are given in Latin, always accompanied by Gaelic equivalents—e.g., "*quod male incipitur male finitur*," "*per calidum et humidum virimus*," "*per frigidum et siccum nutrimur*," and so on. A calendar is also given, to which are appended general observations, stating the food and drink appropriate to each month, when it is proper to bathe, when to bleed in the right or in the left arm, what thunderstorms and gales portend, &c. The frequent reference made to the eyesight is curious, and is explained by Prof. McKinnon as indicating diseases of the visual organs due to defective housing and peat-smoke. Impaired eyesight, it may be remarked, is a very common failing in the Irish recruit, often leading to his rejection, at the present day. When a really exhaustive history of medicine comes to be compiled—a work only possible under division of labour,—these Gaelic MSS. will inspire an interesting and instructive chapter.

Enquirer.—We would advise our correspondent not to move further in the matter. He began wrongly by not waiting for the order to examine; and it is only reasonable that the magistrate should wish to consult with the medical man, though the latter is not bound to give him the information. It is necessary to bear in mind that it rests with the magistrate to decide as to the amount of fee to be awarded.

A. K.—The letter was received.

A MEDICAL BIOGRAPHICAL DICTIONARY.

To the Editors of THE LANCET.

SIRS,—It has often occurred to my mind that the important services rendered to our science by various eminent men are deserving of some fuller record than the bare name of the physician or surgeon within brackets, after some description in a text-book. Frequently one is left in doubt as to how much the writer and how much the name in brackets is responsible for. In the Medical Directory we have a record of the professional "men of the time," but of the great men we are yearly losing we are apt, after a time, to have difficulty in finding any detailed account of their labours. Many eminent men escape that "new terror added to death"—a biography; yet I am not singular in wanting to know something of the history and work of the distinguished and disinterested men who have in the past raised our profession to its present place in the very front rank of science. Your own obituary notices supply excellent material for a Biographical Dictionary, and might be considered to obviate the need for a special work, but it is to a limited number that possession of a series of THE LANCET is possible, and to few more that access to it is practicable.

I am, Sirs, yours faithfully,

July 27th, 1887. T. HUME, Surgeon Major.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir Thomas Longmore, Netley; Dr. Cullingworth, Manchester; Mr. Jonathan Hutchinson, London; Mr. C. Fenwick, M.P., London; Dr. Norman Kerr, London; Dr. Menzies, London; Mr. W. Curran; Dr. Gordon Holmes, London; Dr. de Watteville, Dr. W. H. Barlow; Dr. Percy Wilde, Bath; Dr. C. R. Walker, Chesterfield; Dr. G. H. B. Macleod, Dublin; Dr. Suckling, Birmingham; Mr. G. Bischof, London; Mr. S. Keith, Edinburgh; Dr. Douglas, Bournemouth; Mr. J. G. Harries,

St. David's; Dr. Saundby, Birmingham; Dr. Bell Taylor; Mr. A. P. Hills, London; Mr. C. Hancock, London; Mr. E. de Bary, London; Mr. Frizell, Dungannon; Dr. Young, Sevenoaks; Messrs. May and Baker, Battersea; Mr. Milne, St. John's-wood; Messrs. Wright and Co., Birmingham; Mr. Robinson, Stockton-on-Tees; Dr. Evans, Twyn Wylfa; Mr. Jones, Treherbert; Dr. MacCormac; Messrs. Wright and Co., Bristol; Miss Garrett, Ludlow; Dr. Boreham, Goring; Mr. Pike, Gloucester; Mr. R. W. Quennell, Brentwood; Mr. T. Marshall, Bury St. Edmunds; Mr. Craske, Kentish-town; Mr. Harris Jones, Wilkes Barre; Mr. H. E. Bridgman, Burton-on-Trent; Messrs. Robertson and Scott, Edinburgh; Mr. F. W. Wigmore, Liverpool; Messrs. Eason and Son, Dublin; Mr. Frampton, Weston-super-Mare; Dr. Graham Steell, Manchester; Mr. Wheeler, London; Mr. Cleaver, Liverpool; Dr. Taylor, Windermere; Dr. Whipham, London; Dr. A. W. Stirling, Grays; Mr. J. Swain, Bristol; Mr. W. H. Haw, Wednesbury; Mr. S. Townsend, Birmingham; Dr. Howden, Montrose; Dr. C. S. Watson, London; Mr. F. R. Bevan, London; Mr. C. E. Bett, Exeter; Mr. J. Weller, Hammersmith; Mr. Charpentier, Uxbridge; Mr. Wainwright, Lee; Mr. Gibb, Glasgow; Mr. Gray, Dalton-in-Furness; Mr. Salter, Queensland; Mr. Beresford, Belfast; Mr. Bailey, London; Dr. E. P. Thurstan, Southborough; Mr. Struthers, Aberdeen; Mr. Macdougall, Oban; Mr. Sargent, London; Mr. Bagshore, Salford; Mr. Stilliard, Birmingham; Mr. King, Dublin; Mr. Stone, Wimbledon; Mr. Davis, Gateshead-on-Tyne; Mr. Ling, Saxmundham; Mr. Wylie, Belfast; Mr. Finley, Wimbourne; Mr. Mackay, Edinburgh; Mr. Scott, Manchester; Mr. Graham, Bristol; Mr. Paterson, Leeds; Messrs. Smith and Co., London; Mr. Saunders, Manchester; Messrs. Dawson and Sons, London; Mr. Torrance, Bedfield; Mr. Foster; Mr. Laban, West Bromwich; Mr. Carter, Glasgow; Mr. Elliot, Carlisle; Mr. Maddick, London; Medicus; A. M'L.; M.D., Bath; The Secretary, Bradford Infirmary; H. S.; Alpha, Sheffield; Observer; Puzzled; Club; The Matron, Canterbury.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Jones, Hammersmith; Mr. O'Hanlon, Spennymoor; Messrs. Whitfield and Co., Birmingham; Mr. Brockelhurst, London; Messrs. Oliver and Boyd, Edinburgh; Mr. Godfrey, Northampton; Messrs. Mumford and Co., Bradford; Mr. Husband, Leeds; Mr. Vergo; Messrs. Harris and Co., Birmingham; Mr. Williams, Liverpool; Messrs. Hills and Co., Dover; Mr. Miller, Chelsea; Mr. Guest, Darlington; Mr. Walter, Marshfield; Mr. Gardner, Armitage; Mr. Moring, London; Mr. Lewis, Birmingham; Mr. Smith, Staffordshire; Mr. Turner, Mexborough; Dr. Dixey, Edinburgh; Mr. Shirtliff, Kingston-on-Thames; Mr. Pace, Newcastle-on-Tyne; Dr. MacLean, Harpenden; Messrs. Cassell and Co., London; Mr. Berry, Coventry; Dr. Ritchie, York; Dr. Messen, Pretoria; Dr. Lindsay, Belfast; Mr. Raven, Broadstairs; Mr. Fuge, Taunton; Mr. Hepworth, Kidderminster; Dr. Beaman, Newton-le-Willows; Mr. McLintock, Salop; Dr. Spigge, Penley; Miss Carson, Burton-on-Trent; Dr. Dalgleish, Trowbridge; Mr. Tunstall, Warrington; Mrs. Bodger, Chichester; P. L.; Chemist, Clapham; J. H., Scarborough; A. B., Stratford; Mrs. M., Eastbourne; C., Blackburn; Lady Superintendent, Cambridge; A. B.; The Maltine Manufacturing Co., London; Medicus, London; Argonaut; Jayenne; Deaconess Townson, Chester; B., Rusholme; E. B. G., Shropshire; Milton Chemical Co., Glasgow; Medical, Stoke-on-Trent; M. A. T., Tunbridge Wells; D. W., Mansfield; M.B., Edinburgh; Medicus, Darwen; The Matron, Bridgewater; M.R.C.S., Southampton; M. S. D.; Sister in Charge; T. W., London; M.D., Morecambe; M.D., Crewe; Fides, London; B.A., Harrogate; Alpha, London; York, London; Surgeon, Minchinhampton; C. E., Southsea; M.D.; Carbol; Holiday; Lennox.

Vaccination Inquirer, Cunsett Guardian, Glasgow Evening Times, Glasgow Herald, Western Daily Mercury, Liverpool Courier, Educational Times, West Surrey Times, Oldham Standard, Annals Institute Review, &c., have been received.

Medical Diary for the ensuing Week.

Monday, August 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.

CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M; Thursday, 2.30.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesday, 2.30 P.M.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.

Tuesday, August 9.

GUY'S HOSPITAL.—Operations, 1.30 P.M. and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.

CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M.

Wednesday, August 10.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.

ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.

LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.

GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.

KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M.; Saturday, 1 P.M.

CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9 A.M.; Saturday, same hour.

Thursday, August 11.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Ophthalmic Operations, Friday, 1.30 P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

Friday, August 12.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, August 13.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.

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